A STUDY OF STATE

INSTITUTIONS OF DECLINING USE

REPORT TO THE GOVERNOR

AND

THE ADVISORY BUDGET COMMISSION

REPORT ON THE OPERATION AND NEEDS OF NORTH CAROLINA SCHOOLS FOR THE BLIND AND DEAF, THE NORTH CAROLINA SANATORIUM SYSTEM AND RELATED INSTITUTIONS OF DECLINING USE

Report to:

ROBERT W. SCOTT, GOVERNOR

and

THE ADVISORY BUDGET COMMISSION

November 25, 1970

COMMISSIONERS

Thomas I. Storrs, Chairman

Dr. John L. McCain

J. C. Cowan, Jr.

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November 25, 1970

The Honorable Robert W. Scott
Governor
The State of North Carolina
Raleigh, North Carolina

My dear Governor:

You will recall that House Joint Resolution Number 1245, adopted by the 1969 General Assembly on July 1, 1969, created a special commission in Resolution 108, briefly entitled:

> "Study Commission on Schools for the Blind and Deaf, Sanatorium System and Related Institutions of Declining Use",

---to study and report on their operations and needs, and otherwise as covered by the Resolution; reporting both to you and to the Advisory Budget Commission; with membership of the Commission to be by your appointment.

On January 2, 1970, you honored the undersigned by appointment as Chairman and Members, respectively, of this Study Commission. Since that time, we have been engaged in such studies and correlative activities authorized by the Resolution, and we transmit herewith attached our report including recommendations and related materials. A similar transmission is being made to the Advisory Budget Commission as required by the Resolution.

The Commission was fortunate in securing the services of Frank B. Turner, Consulting Engineer, to aid in conducting the surveys and compiling the information required for this report.

We would express to you our appreciation for the honor of your appointment, as well as the cooperation and kindness to us by the administrators and officials of the several institutions involved in the study. It is hoped that our report will materially contribute to plans and decisions with respect to these State agencies.

Very truly yours,

J. C. Cowan, Jr.

John L. McCain, M.D.

Thomas I. Storrs, Chairman

Attachment

ACKNOWLEDGMENTS

The excellent degree of cooperation that was provided by the staff and administration of each of the institutions studied and their Boards of Directors, the Department of Administration - Division of Property Control and the Budget Division is acknowledged. Full cooperation and assistance was provided whenever requested.

The attendance of the public and the interest demonstrated at each of the hearings was most helpful to this Commission.

Representative Kenneth C. Royall, Jr., Chairman of the Subcommittee on Health of the Legislative Research Commission, provided this Commission with the benefit of their study of Eastern North Carolina Sanatorium at Wilson.

This is an example of the dedication of those people who are responsible for the operation and management of the State of North Carolina's Institutions.

* * * *

H. R. 1245 RESOLUTION 108

A JOINT RESOLUTION CREATING A COMMISSION TO STUDY AND REPORT ON THE OPERATION AND NEEDS OF NORTH CAROLINA SCHOOLS FOR THE BLIND AND DEAF, THE NORTH CAROLINA SANATORIUM SYSTEM, AND RELATED INSTITUTIONS OF DECLINING USE.

WHEREAS, the Governor Morehead School consists of two campuses, one on Garner Road, Raleigh, North Carolina, serving approximately 175 deaf children (the remainder being blind), the second on Ashe Avenue, Raleigh, North Carolina, serving all blind students and no deaf students; and

WHEREAS, the State has two schools for the deaf, one in Wilson and one in Morganton; and

WHEREAS, a current proposal is to consolidate the blind school campuses of Governor Morehead School on Ashe Avenue, transferring the few deaf students at the Garner Road Campus to the two schools for the deaf; and

WHEREAS, a new school for the deaf has been proposed in the Piedmont; and

WHEREAS, the bed space at existing schools appears to be adequate for both blind and deaf students for the immediate future; and

WHEREAS, the facilities of the North Carolina Sanatorium System are not being used to capacity and the future of the System deserves further study; and

WHEREAS, other State institutions such as orthopedic hospitals are experiencing a declining patient census;

Now, therefore, be it resolved by the House of Representatives, the Senate concurring:

Section 1. There is hereby created a Commission to be designated as the Study Commission on Schools for the Blind and Deaf, Sanatorium System and Related Institutions of Declining Use. It shall consist of three members appointed by the Governor. The Governor shall designate a Chairman from the membership of the Commission.

Sec. 2. The Commission is hereby authorized and directed to make a thorough study of the facility requirements of the schools for the blind and deaf in relation to presently operated campuses for the purpose of determining the most feasible utilization of existing facilities and the need for an additional school for the deaf.

Sec. 3. The Commission is further authorized and directed to conduct an in-depth study of the North Carolina Sanatorium System for the purpose of determining the feasibility of utilizing the unused medical facilities for other urgent State medical, educational or health needs.

Sec. 4. The Commission is also authorized and directed to study other related State institutions with facilities of declining use for the purpose of determining the feasibility of their use for more critical State needs.

Sec. 5. (a) The Commission may hold meetings and hearings at such times and places as it deems convenient.

(b) The Commission may employ such professional, technical, and clerical assistance as appropriate and may contract for such materials and services as it deems necessary.

(c) Upon request of the Commission, each state agency or institution affected shall provide the Commission with information in its possession that the Commission deems pertinent to its inquiry.

Sec. 6. The members of the Commission who are not officers or employees of the State shall be entitled to receive the per diem and travel expenses as provided generally by law for members of State boards and Commissions.

Sec. 7. The expenses of the Commission shall be paid from the Contingency and Emergency Fund, pursuant to the procedure prescribed in G. S. Sec. 143-12.

Sec. 8. After completing its investigation and study, this Commission shall file a report with the Governor and the Advisory Budget Commission by July 1, 1970.

Sec. 9. This Resolution shall become effective upon its ratification.

In the General Assembly read three times and ratified, this the 1st day of July, 1969.

METHOD OF PROCEDURE

At each institution studied by the Commission where changes are recommended a public hearing was held. Members of the Boards of Trustees, members of the staff and the administration of the institution, alumni, and all other interested persons were invited.

Notice was given to radio stations, television stations and newspapers prior to each meeting. In most instances coverage was very good and attendance at the hearings was good. All persons who desired to speak were heard and a record made of their requests, ideas and suggestions. Other State agencies and institutions who had expressed a need for space that may be available in institutions of declining use were requested to present their statement of need, both in person at the meetings and in writing. These statements have been made a part of this report.

Detailed examination was made of the Eastern North Carolina Sanatorium at Wilson, the Western North Carolina Sanatorium at Black Mountain, the Ashe Avenue Campus and the Garner Road Campus of the Governor Morehead School at Raleigh, and the North Carolina Orthopedic Hospital at Gastonia. No other institution involved in this study had vacant space sufficient for use by any other agency.

A public hearing was held in Greensboro concerning the need and feasibility of the establishment of a school for the deaf in the Greensboro, High Point, Winston-Salem area.

At each of the institutions concerned a meeting was held with the administration and detailed data was obtained for this report. In most cases written statements concerning the future need for each institution was obtained from the principal administrator, and these statements are made a part of this report.

Public hearings were held as follows:

Eastern North Carolina Sanatorium ------ July 1, 1970
Western North Carolina Sanatorium ------ July 7, 1970
Governor Morehead School ---------- August 7, 1970
Greensboro - Re: Need for a school
for the deaf ----------October 7, 1970

Visits were made to all other institutions concerned and on-site inspections were made.

RECOMMENDATIONS

GOVERNOR MOREHEAD SCHOOL IN RALEIGH

It is recommended that the Governor Morehead School be continued on the Garner Road Campus and that appropriations be requested to provide on Garner Road Campus certain improvements enumerated in this report to accommodate the full student body of the schools for the blind.

It is recommended that the Ashe Avenue Campus be made available for its highest use to either North Carolina State University or to the Department of Correction.

It is recommended that the overflow, if any, of children eligible for training at the deaf schools be cared for at the newly constructed primary unit on the Garner Road Campus until such time as other facilities are available.

This Commission calls attention to a resolution adopted by the Governor Morehead School Board of Directors on the 7th day of August, 1970, renewing its position favoring the development of the Ashe Avenue site as the Campus of the future for the Governor Morehead School. This Commission respects the opinion of the Board. The facts as gathered by this Commission however, demonstrate that in its opinion the wiser choice is the Garner Road site.

These facts briefly are:

- Buildings at the Garner Road site are fireproof and are of modern design of a more permanent nature.
- There is ample land surrounding the Campus for future expansion.
- Raleigh and Garner are growing in that direction and will in a short time provide the community life desired for the students.
- The cost to develop the Garner Road Campus to properly accommodate the 1971 student body will be at least $2,300,000 less than the cost to develop the Ashe Avenue Campus to properly accommodate the 1971 student body.

EASTERN NORTH CAROLINA SCHOOL FOR THE DEAF AT WILSON

This institution is a new elementary school, having opened in the fall of 1968. Its September enrollment was 372 boarding students and 21 day students, 12 beyond its design capacity. This is considered the optimum size for this type of school.

No changes are recommended.

NORTH CAROLINA SCHOOL FOR THE DEAF AT MORGANTON

This is the original State School for the Deaf and is recognized as one of the outstanding schools of this type in the nation. There are programs for preschool, elementary, and high school. In addition, there are available vocational training classes in printing, furniture manufacturing, machine shop, electrical wiring and others.

No changes are recommended.

PROPOSED SCHOOL FOR THE DEAF

This Commission concurs in the recommendation that has previously been made that a school for the deaf be located in the triad area. The facts and information gathered by this Commission support the need for a new facility for the training of the deaf in the triad area of Greensboro, High Point, Winston-Salem. The school should be of similar size to the school at Wilson but should be primarily for day students, in the preschool and elementary programs. The proximity of the children to be taught should determine the location.

NORTH CAROLINA ORTHOPEDIC HOSPITAL AT GASTONIA

The present daily patient load varies from 70 to 90. The average for 1969-70 was 84. The design capacity is 140 beds: however, the number of patients treated per year has changed due to the increase in out-patient clinic use and the decrease in the average length of stay. The increase in the number of orthopedic surgeons throughout the State as well as the parents' ability to pay for hospital care near home are contributing factors. The vacant space is limited and of such nature that it cannot readily be used by any other agency.

No changes are recommended.

GRAVELY SANATORIUM AT CHAPEL HILL

This is the key unit of the North Carolina Sanatorium System. It is here that medical students and interns in the School of Medicine receive their training in the treatment of pulmonary diseases. The most critical cases requiring surgery and diagnosis are assigned to this hospital. This unit is used to near 100% capacity. The administrative offices of the System are located here.

No changes are recommended.

NORTH CAROLINA SANATORIUM AT MCCAIN

This unit is located in Hoke County and is nearest of any of the four Sanatoria to the densely populated Piedmont area of the State. The prison unit of the Sanatorium System is a part of this hospital. Buildings and facilities are in excellent condition. The entire hospital is being air conditioned. Occupancy varies from 85 to 95%.

No changes are recommended.

EASTERN NORTH CAROLINA SANATORIUM AT WILSON

The Eastern North Carolina Sanatorium at Wilson has at the present time 160 beds not in use in two wings of the hospital. It is anticipated that this number of vacancies will continue to increase. It is recommended that this vacant section of the hospital be developed as a medical center for the provision of needed health services and education of health personnel.

It is recommended that the unit be an extension of the University of North Carolina School of Medicine because of the availability of trained and experienced medical personnel.

It is recommended that should the demand for beds for the care of Tubercular patients decline as is anticipated, the hospital, under the direction of the University, be expanded as a general hospital with special emphasis on the treatment of respiratory diseases and other medical services not readily available in Eastern North Carolina.

WESTERN NORTH CAROLINA SANATORIUM AT BLACK MOUNTAIN

This institution had as of July 1, 1970, 213 vacant beds throughout the hospital. It is designed for 446 beds and is being operated at 52% capacity.

This Commission received a number of suggestions for use of vacant bed space in this hospital such as the establishment of a unit to care for terminal cancer cases. No plan of operation has been submitted nor has any organization yet offered to do this. The Sanatorium Board should be encouraged to seek out either compatible use of the space for health purposes by the State, or compatible non-State health services on a lease basis. The space is too valuable to go unused in the field of health care and a concerted effort by the Sanatorium Board should be made for its use.

FUTURE OPERATION OF TUBERCULAR SANATORIA

It is recommended that either Western North Carolina Sanatorium at Black Mountain or Eastern North Carolina Sanatorium at Wilson be phased out as early as the decline of in-patient load will permit. It is recommended that the closed unit be continued as an out-patient clinic and the hospital be developed for other needed health care purposes. It is recommended that the other unit be closed out in a similar manner as early as the in-patient load falls below the efficient minimum number.

The Sanatorium Board should determine the minimum size for efficient operation and one or more of the units be closed at that time.

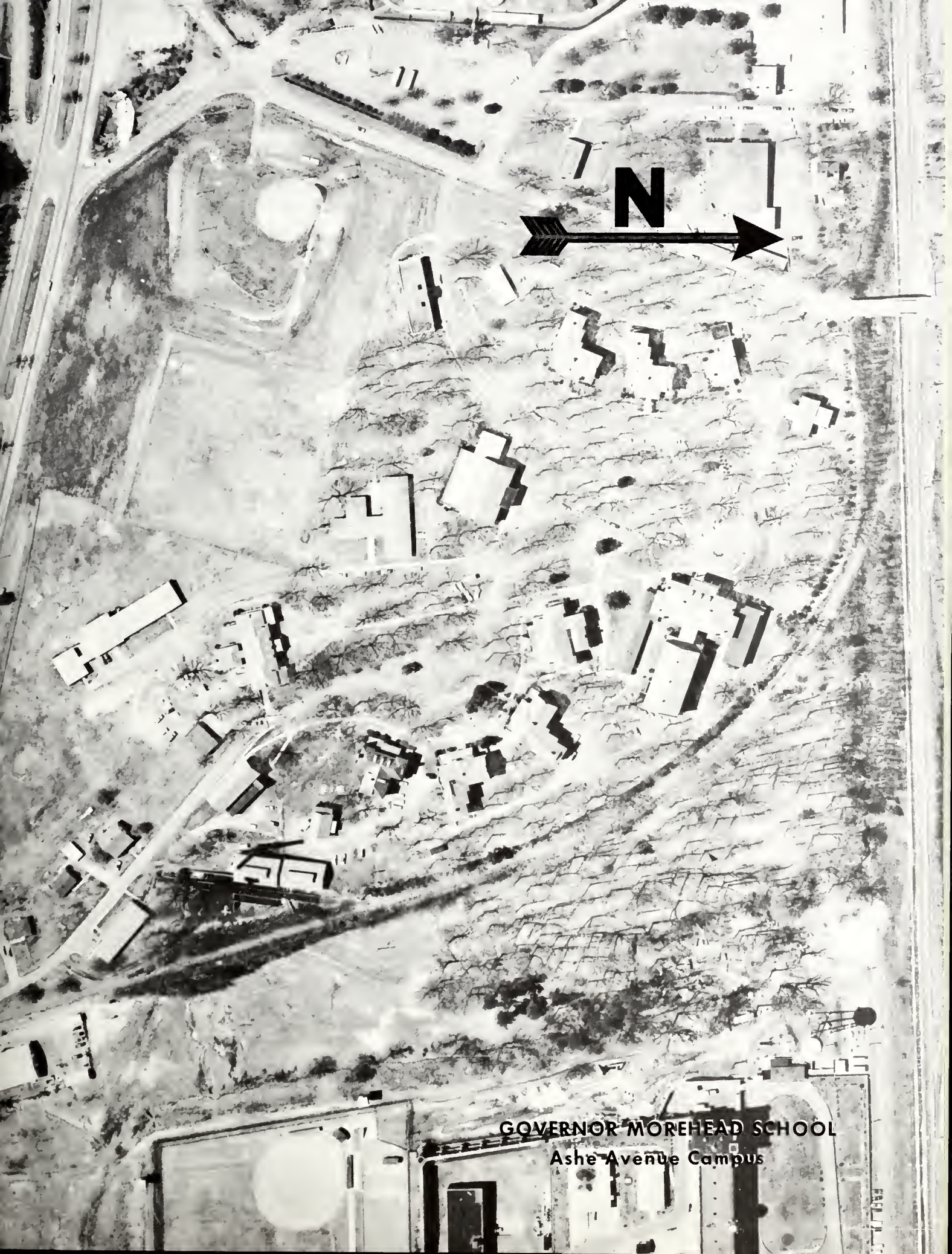
UTILIZATION STUDY, A CONTINUING NEED

With the changes occurring in technology, education and health services and with wide spread services and multiple institutions in the State, it is recognized that there is need for a continuing, ongoing program of study relating needs to facilities and services available in North Carolina.

The progress being made in the care and treatment of our citizens who are handicapped has been rapid in recent years. The reduction in time required for treatment, training, and sometimes cure has been phenomenal. As a result, continuing and periodic examination of "plant" in relation to updated forecast of need and service is essential to attain the best balance between adequacy and economy in the years ahead.

Of the State agencies as now constituted, the Department of Administration has the authority, the capability, the basic data on the physical plants and, therefore, can best render this service if directed to do so.

It is recommended that the Department of Administration be requested to submit to the Governor and the Advisory Budget Commission each biennium an evaluation of the services and facilities available in relationship to needs, particularly as it applies to utilization rates of existing facilities, with recommendations as to what changes should be considered.



GOVERNOR MOREHEAD SCHOOL

Ashe Avenue Campus


GOVERNOR MOREHEAD SCHOOL
Garner Road Campus

THE GOVERNOR MOREHEAD SCHOOL

Board of Directors

Name	Address
Cecil J. Hill, Chairman	Attorney Woodside Drive, Brevard
William Paul Morgan	821 Woodland Road Statesville
Welker Overton Shue	104 N. Main Street, Graham
Mrs. Alice Edmondson Wilson	Box 118, Tarboro
Richard B. Ford	Attorney Northwestern Bank Building Asheville
Gilbert Peele	State Auto Claims Supervisor for Insurance Companies Vandora Springs Road Garner
Dr. Robert W. Sugg	209 S. Gregson, Durham
Ben Eason	Insurance Executive 118 Woodburn Road, Raleigh
George E. Gibbs	Box 127, Murfreesboro
W. Reid Thompson	Vice President, CP&L 2425 Glenwood, Raleigh

Mr. Samuel J. Cole, Superintendent
The Governor Morehead School
301 Ashe Avenue
Raleigh, North Carolina
(Telephone 834-2579)

THE GOVERNOR MOREHEAD SCHOOL

The Governor Morehead School (for the blind) consists of two campuses; the Ashe Avenue Campus and the Garner Road Campus.

The Garner Road Campus consists of a number of modern buildings of fireproof construction, very nice classroom facilities, two modern cafeterias, one for the primary children and one for the larger or high school age children. The group of buildings for the primary children is a separate unit and has sufficient classroom space to accommodate a larger number of students by the adding of additional dormitory space which is already planned. The principal addition which should be made if this Campus is to be utilized is an indoor swimming pool.

The Ashe Avenue Campus consists of 24 structures. There are nine cottages designed for 16 to 18 children but housing up to 40. Six of these should be replaced. Food service is provided in the cottages and is considered unsatisfactory. The heating plant must be renovated and much of the equipment replaced. The gymnasium and swimming pool should be renovated or replaced. The infirmary is 32 years old but is in satisfactory condition for the present student body. The Superintendent's office, class room building and Superintendent's residence are 48 years old but have been kept in good repair and could serve for a few more years. Most of the other structures should be razed. The five staff houses are in good condition.

The Commission was advised by the Board of Trustees of the Governor Morehead School (see Addendum) and by discussions and statements of the administration that both groups felt it desirable to consolidate the Governor Morehead School on the Ashe Avenue Campus for these reasons:

1. Proximity of this campus to the Cameron Village Shopping Center, which provides independent activities by the students.

2. Proximity to downtown Raleigh via public transportation, which provides access to cultural outlets and the experience of independent activities.

The Commission does not judge itself competent to evaluate the importance of these activities in the education of blind students. It is impressed, however, with the transitory nature of any advantages of this type which the Ashe Avenue Campus has over the Garner Road Campus. The Ashe Avenue Campus is bordered by the State Prison property, an expressway, North Carolina State University, a City park and a residential neighborhood which has deteriorated in the recent past and whose future is subject to question. It is necessary for students going from the school to Cameron Village Shopping Center to pass through this residential area and to cross Hillsborough Street, the main east-west thoroughfare of the City of Raleigh. It is the opinion of the Commission that these obstacles to safe travel by handicapped persons will increase further. The

City of Raleigh and the town of Garner are both growing in the direction of each other and it is reasonable to expect that the Garner Road Campus will, in a matter of a few years, present many of the location advantages once enjoyed by the Ashe Avenue Campus. Its distance from downtown Raleigh is not substantially greater than the distance from downtown to Ashe Avenue, and it is probable that public transportation will become available in the area. Accordingly, the Commission concludes that the environmental factors will in the future favor the Garner Road location just as they have in the past favored Ashe Avenue.

A survey of the two campuses by the architectural firm of F. Carter Williams and Associates in December, 1968, showed that the Garner Road buildings were clearly superior to those at Ashe Avenue. Either campus would require additions to the physical plant in order to house the entire Governor Morehead School. Estimates provided the Commission and derived by its staff indicate improvements of $3,840,000 would be required at Ashe Avenue as compared with $1,500,000 at Garner Road. (Estimates at Garner Road Campus do not contemplate the early use by the blind of the facilities for deaf students. A school for 46 deaf children is currently being operated on a temporary basis on the Garner Road Campus.)

Finally, the Commission considered the alternative uses of the two campuses. North Carolina State University evidenced strong interest in securing the Ashe Avenue Campus as a means of expanding its now crowded facilities (see Addendum). The Commissioner of the State Department of Correction has indicated a need for further land by the State Prison and hopes that this need can be met through the acquisition of the Ashe Avenue Campus. No request was received by the Commission for use of all or any part of the Garner Road Campus.

It is the conclusion of the Commission that its studies point to the consolidation of the Governor Morehead School on the Garner Road Campus and the release of the Ashe Avenue Campus to the highest of the competing potential uses for which it has been or may be requested.

During the time since Resolution 108 was adopted by the 1969 General Assembly, the use of both campuses of the Governor Morehead School for the teaching of the deaf has been discontinued and deaf children from the Garner Road Campus of the Governor Morehead School have been transferred to Morganton and to Wilson. It has developed, however, that there were 46 five to six year old deaf children that could not be admitted at either Morganton or at Eastern North Carolina School at Wilson and the Advisory Budget Commission has authorized a transfer of funds and authorized the opening of the primary facilities on the Garner Road Campus to care for these children pending provision of other facilities for their training.

ASHE AVENUE

The older site on Ashe Avenue between the Central Prison and N. C. State University was constructed as early as 1922, as a State owned and operated educational training school for blind children and through the years has enlarged its facilities up to a design capacity of 223 students. In September of 1970 the school opened with 184 students.

It has many buildings, of various ages, purposes and conditions. Its 51.4 acre site is virtually surrounded by a main line railroad, the State's Central Prison, a State truck calibration unit, a high speed urban expressway, a City park, a landfill garbage dump, and a deteriorating residential neighborhood. There is little opportunity for outward expansion.

The site internally has large old trees. Shrubs and grounds are restful and beautiful. The danger of fire in old buildings to blind children is a constant problem to those in charge. Extreme preventive, protective, training and emergency measures must be employed.

Size Data

The school has a design capacity of 223 boarding students, plus staff homes and support units. Its staff and employee personnel in May of 1970 totaled 105.

The School Superintendent reports that, except for two, all the old Ashe site "cottages" are inadequate, and that six of them should be razed and replaced.

The school opened in September of 1970 with a total staff at Ashe Avenue of 95.

No buildings are air conditioned except the Administration Building. The current heating system (coal - steam) is obsolete and if the campus is to continue in use, must be modernized.

The Superintendent feels that the existing eight dining halls, in the same number of buildings, should be replaced by a central food service facility in the interest of economy, safety, and quality of service.

Other facilities, though generally old and partially obsolete, are reported as adequate; except that the Gymnasium is quite old and obsolete and the swimming pool must be closed in winter. Laundry facilities are adequate and serve both campuses. Most other State institutions have gotten out of laundry operation, and this Commission doubts that the provision of laundry facilities is necessary for economical or effective operation of the school.

Fire ratings are generally low. The depreciated value of buildings without contents at both sites combined was estimated in 1969 by the State Property Insurance Fund at $3,681,678. It is likely that the Ashe Avenue site's building value would be less than half this amount, but no breakdown is available.

The Ashe site, well within the City limits, has a high unit land value.

North Carolina State University definitely wishes to acquire the entire site for University purposes. The land acreages are abutting, or nearly so.

The Department of Correction has also put in a strong bid for the land. It adjoins the land of Central Prison.

GARNER ROAD

The Governor Morehead School is located on a 350 acre tract of land about a half-mile outside the City limits of Raleigh, near Garner. Its building complex is on a well drained high plateau, set well back from and facing Garner Road, a paved, two-lane secondary road on the State Highway System. The planned location of the Raleigh Belt-Line Expressway will cross this road a short distance away toward Raleigh.

The design capacity of the unit is 343 students. Its usage in May of 1970 was 281. This usage of only 82% is significant. In September of 1970 the school opened with 179 blind children.

All the buildings have been constructed within the last 20 years. All are fire resistant and located to prevent the spread of fire. The possibility for expansion on its 350 acres is almost unlimited.

Because of the reduction from a design capacity of 343 to the 179 blind students in September of 1970, and 46 deaf students, two dormitory buildings known as the Whitaker and Tucker "cottages" were closed. (Blind girls building; Deaf girls cottage).

OPINION OF FUTURE

The Superintendent expects that the future statewide applications for admissable blind children will advance at the same rate as the State's total population, and that the "optimum" desirable size for a single total plant to accommodate this demand would have a design capacity of 500 students.

FUTURE TREND

Year	Students
1971	382
1980	450
1990	500
2000	560

It is noted, however, that the blind student trend during the past six years has been declining. The only stated reason is that the public schools have been accepting more partially blind (legal definition) children than formerly.

RECENT USAGE

Both Sites - Blind Only

Year	Students
1965	439
1966	398
1967	387
1968	369
1969	365
1970	362

DECLINING USAGE

The two units (Ashe and Garner) combined have a

- design capacity of 566 (100%)
- usage in September, 1970 of 400 (70%)

These basic facts naturally lead to two fundamental conditions to be met. In order to consolidate the school on either campus some additional building will be required.

Based on student numbers alone, with no consideration for sexes, ages, grades, or special personnel and facilities for the blind, Ashe Avenue has a capacity of 223 and Garner Road 343.

If one unit were to be selected, which unit should it be? Considerations bearing on this question involve the following comparisons.

ASHE AVENUE	GARNER ROAD
Design Capacity - 223 Land - 81.5 Acres (51.4 acres in campus) (30.1 acres inaccessible) The campus is surrounded by other institutions and facilities so that expansion is not feasible.	Design Capacity - 343 Land - 350 Acres (35 acres in campus)

CAMPUS LOCATION

Raleigh - 2 miles west of Capitol. The campus is located on 51.4 acres with no available land for expansion. It is surrounded by Central Prison, a 4-lane high speed highway, a City park, a railroad mainline and a deteriorating residential area.	Outside Raleigh - 3.5 miles southeast of Capitol. Ample land is owned for the foreseeable future. The projected beltline around Raleigh will pass near the campus and will provide ready access to the City and all highways in and out of Raleigh.

FIRE PROTECTION

City of Raleigh	By Voluntary Fire Department

UTILITIES

City of Raleigh	City of Raleigh

BUILDINGS

Several cottages should be razed and replaced with new dormitories. To accommodate the full student body expected in 1971 of 382 blind students, dormitory capacity of 250 will have to be added since dormitories now housing 90 students must be razed.	All are modern, fire resistive construction. To accommodate the full student body expected in 1971 of 382 blind students, dormitory capacity of 39 will have to be added, and if the present deaf students continue on this campus then this figure would become 100 capacity to be added.

MAJOR EXPENDITURES TO MEET DEMANDS IN 1971 WITH EQUAL PLANT

250 Dormitory Spaces @ $6300 =	$1,575,000	100 Dormitory Spaces @ $6300 =	$630,000
Renovate Swimming Pool & Bldg.	200,000	Swimming Pool & Bldg.	420,000
Heating Plant Modernize	90,000	Heating Plant Improvements	50,000
Campus Lighting	70,000	Campus Lighting	50,000
Vocational Building	795,000	Enlarge Cafeteria	250,000
Construct Kitchen & Cafeteria	850,000	Campus Improvements	100,000
Remove rail siding and Campus improvements	260,000		
TOTAL ---	$3,840,000	TOTAL ---	$1,500,000

NORTH CAROLINA DIRECTORS OF SCHOOLS FOR THE DEAF

BOARD OF DIRECTORS

NAME	ADDRESS
James G. Northcott, Sr. Chairman	304 New Bern Avenue Black Mountain
Perry A. Cook, Jr.	10th St. Place, N.W. Hickory
James M. Dixon	3121 Battleground Avenue Greensboro
Mrs. Charles Greenlee	Woodlawn Road Sevier
G. Marvin Holt, Jr.	Alamance Battleground Road Burlington
Harry C. Knox	Sam Furr Road Cornelius
Cecil Lee Porter	Colonial Drive North Wilkesboro
Jack Sharp	Main Street Robersonville
J. M. Vestal	515 Vick Avenue Raleigh
Ben S. Whisnant	226 Evans Morganton
Roy Benjamin Williams	Route 1, Box 162A Elm City

THE

NORTH CAROLINA

DEAF SCHOOL SYSTEM

The System is made up of two units:

Eastern North Carolina School for the Deaf at Wilson and the North Carolina School for the Deaf at Morganton. In addition there is a temporary school on the Garner Road Campus of the North Carolina (Governor Morehead) School for the Blind.

The incidence of deafness per 1000,000 population is nearly constant and there appears to be little change in this except during epidemics of rubella (German measles). Children born of mothers who contract rubella during pregnancy are frequently deaf.

TOTAL STATE ENROLLMENT*

State Schools for the Deaf

(June 1970)

School Year Ending June 1	Wilson**	Raleigh	Morganton	Total Enrollment
1960	-	148	475	623
1961	-	154	500	654
1962	-	152	525	677
1963	-	153	545	698
1964	-	165	575	740
1965	92	190	492	774
1966	114	196	516	826
1967	118	212	540	870
1968	155	196	532	883
1969	207	172	542	921
1970	239	147	558	944
Expecting September 1970	360	0***	620	980 + Garner 50

Ten Year Increase 1960-1970 51%
(+ Garner 79%)

* Residential Boarding
** Average for School Year
*** It was in fact necessary to place 46 5 and 6 year old deaf students in this facility in September of 1970

THE EASTERN NORTH CAROLINA SCHOOL FOR THE DEAF is located in the northern suburbs of Wilson, North Carolina and has a September, 1970 enrollment of 360 boarding students. This, plus 10 to 15 day students, will be near its design capacity of 370.

This is a recently developed school, having opened in the spring of 1965. It has several new buildings and is using a former sanatorium patients building and a nurses dormitory. Its student body is made up of transfers from Governor Morehead School and children just entering school. The September, 1970 enrollment was 360 children, ages 5 through 8th grade.

PHYSICAL FACILITIES

Its physical facilities consist of several dormitory units of special design, and a new complex containing 41 classrooms, 6 laboratories (for deaf) and a multi-purpose gym-auditorium-pool. Its heating is from a central unit shared with the sanatorium, and its laundry is handled by the State Department of Correction (Prison System). No provision is made for on campus staff housing.

The condition of buildings is excellent. Some 28 of its classrooms are air conditioned, as well as the infirmary, superintendent's and business offices. Heating is adequate and modern. Value of buildings in 1969 was estimated at $1,886,341 without contents.

VACANCIES - There is no significant volume of vacant space.

OUTLOOK

In the opinion of the Superintendent, the optimum size of such a school should be about 375 for age limits 5-16. He believes that the size of this school should remain at its 370 design capacity, but that plans should be initiated to build a school for deaf children in the central, heavily populated section of the State.

A second critical need, in his opinion, is for funds to aid in the specialized training of teachers for the deaf.

NORTH CAROLINA SCHOOL FOR THE DEAF AT MORGANTON

The North Carolina School for the Deaf at Morganton is the oldest deaf school in the State's system. It consists of a pre-school unit, a primary unit, a high school unit and vocational training unit, and has been updated and modernized from time to time and is well staffed.

The school had 558 boarding students in 1969 and opened in September of 1970 with 605, this being approximately 28% higher than the level ten years ago. Its current budget includes $377,500 in capital improvements. It has no vacant space and is operating beyond its design capacity of 500.

This capacity will have been enlarged to 620 when a complex of three connected buildings, now under construction, is expected to be completed in February of 1971.

PHYSICAL FACILITIES

The school has a campus of 229 acres and its own watershed of 510 acres in the rolling foothills typical of Burke County.

Its 14 major buildings are of many ages, two having been originally built in the 1893 period. Others have been built, renovated or enlarged during many of the years since. They serve varied purposes, among the more prevalent being as classrooms, dormitories, kitchen-dining, vocational training, Chapel, social activities, sports, laundry, infirmary, Administration and storage.

In addition, there are nine cottages for staff and their families, a large athletic field, and minor facilities; plus the complex under construction. In 1969, the estimated value of buildings without contents was $5,856,255.

Despite their age, the buildings have been remodeled and made fireproof and are in excellent condition. Only one floor of the dormitory (Goodwin) needs renovation. Air conditioning is needed in the Primary School which was built in 1954. This building is used in the summer.

VACANCIES

The school was used by 558 boarding students in fiscal 1970, and will be used by 620 in 1970-71. The design capacity is 500. There are no vacancies. There was a waiting list of 45 in the summer of 1970.

TEMPORARY GARNER ROAD

During midsummer of 1970, a considerable Statewide backlog of applications by deaf children had developed for residency beyond the capacities of the two deaf schools at Morganton and Wilson. At the beginning of the school year starting September, 1970, some 46 were enrolled. Necessary revisions were made in operating plans, personnel, equipment, budget, etc. due to the 46 deaf students.

These 46 deaf are being housed, fed, and schooled in the four buildings in the Deaf Complex on the north side of the campus, specifically in the one-story buildings called "South", "Mary Lynch Johnson", "North" and "Primary Deaf Classroom". All were built circa 1965, especially for deaf.

FUTURE DEMAND, DEAF SCHOOLS

There are currently about 1,000 resident children in the two state schools for the deaf; a ratio of one for about 5,000 total state population.

The past ten year trend of enrollment of deaf children at the State's schools has been increasing steadily at 5% per year (51% in 10 years). However, reliable long range demand projections would require further study in demographic, sociological and medical areas. It should be realized that enrollment data used herein are in terms of children born from 5 to 18 years prior to tabular dates. It is understood that the total state birth rate has been diminishing significantly, but that this trend may not continue to decline.

Preliminary 1970 U. S. Census data indicates that North Carolina's total population is not growing at the rates which have been used in recent years as a basis for forecasts.

In view of these facts, the expected future "deaf" demand is not a simple matter of projection of the past. The trend of the ratio in the future may be greatly affected by such unknowns as the incessant din or loud radio and other high decibel noise, environment, the incidence of deaf births as related to parental diseases, and parental drug addiction, as well as the incidence of rubella or German measles, the effect of diabetes, and other genetic influences.

The recommendation that a school for the deaf be built in the triad area of High Point, Greensboro, Winston-Salem is based upon the data which follows and upon the fact that there is a heavy concentration of deaf children, 160 who live within 50 miles and an additional 88 within 75 miles for a total known 248 within 75 miles of this area as of July 1, 1970.

Additional facilities will be needed by 1975 to teach 360 more deaf children than present schools for the deaf can accommodate.

There was an urgent appeal expressed at the October 7, 1970 public hearing attended by more than 70 people.

Attention is called to the fact that boarding facilities would have to be provided for not more than one-third of the enrollment. The others could be day students. There are seven schools and colleges that could be drawn upon for students to be trained as teachers of the deaf. There is a critical shortage of teachers qualified in this field.

The following is a program recommended by the Directors of the Schools for the Deaf.

1. Provide Pre-School programs in heavily populated areas for deaf children, 2-5 years of age. Schools for the Deaf should create, administer and supervise these programs.

2. Continue to provide the Schools for the Deaf modern and updated facilities, equipment and techniques of teaching.

3. Encourage and assist, if requested, one of the State Retarded Centers to formulate a program for the retarded deaf child.

4. Provide State support for training teachers for the deaf.

5. Provide support, encouragement and cooperation to agencies responsible for adult deaf programs - including establishment of a trade school program for the deaf.

6. Provide total educational opportunity through the high school level to all educable deaf and hearing impaired children in North Carolina commensurate with their abilities.

    (a) Establish a Central School for the Deaf (elementary)

        1. Construct facilities for 240 students - 1971-73
        2. Construct facilities for 120 students - 1973-75

NORTH CAROLINA ORTHOPEDIC HOSPITAL
AT GASTONIA

BOARD OF TRUSTEES

NAME	ADDRESS
J. Harold Lineberger (President)	Box 790 Belmont
Walter Little Smith (Chairman of Executive Committee)	2034 Sharon Lane (Box 989) Charlotte
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Dr. Leslie M. Morris	Medical Building South York Street, Gastonia
Benjamin Carter Trotter, Jr.	Slaughter Machinery Company Box 11176, Charlotte

NORTH CAROLINA ORTHOPEDIC HOSPITAL - GASTONIA, NORTH CAROLINA

This is the only State owned institution of its type in North Carolina, it being designed and operated to treat children crippled due to bone maladies. Because of its special purpose it is unique in design, operation and limitation.

It served only 36 bed patients on the average day at the time of the early construction in 1922. The service continued to increase rather steadily to a peak of about 160 in 1940, 20 above the design capacity of 140.

Since about 1940 the number of bed patients on the average has diminished until the level now is approximately eighty-five, this being about 60% of the design capacity. The reduction has come about mainly due to the shorter duration of patient stay. Many influences and treatments have contributed to this change in the quantitative level of service. Some of them are known as the impact of polio, other epidemics, the effect of enlarging population, the increase in the number of home based orthopedic surgeons, examinations and some treatments being made on an outpatient basis in local county clinics. Other influences include improved techniques, drugs, treatments, equipment and expertise resulting in shorter patient stay. Other changes are in the field of transportation, communication, and the more recent Federal Aid and Grant Programs.

At the same time, there are other trends related to the future outlook which have not been forecast. These are mainly in the medical field and many include such a difficult evaluation as the probable incidence of congenital deformity due to the effect on children by parents' addiction to drug use. Dr. George R. Miller, Chief of the Medical Staff at the hospital says that research in such fields, and the resultant future demand projections are not available, either to evaluate completely the reasons for the present demand or to quantify the outlook.

During the past ten years, the number of patients admitted has varied from 211 to 290 per year. The trend had not been smooth, but there has been a general growth, with fiscal 1969 being the highest. The 1970 figure is not yet available.

The hospital, located in Gastonia, consists of a multistory building with all weather connections to nearby wards and support units, together with more remote nurses dormitories, staff homes and utility units, all on a tract of 45 acres, about 30 of which are in active use. The hospital complex is air conditioned except for kitchen and dining room.

The depreciated value of buildings (exclusive of contents) was set at $1,252,000 in 1969 by the State Property Fire Insurance Fund. Total current hospital personnel is 190.

Except as noted below, the hospital is in full active usage. The major unused areas and buildings are:

- the B. N. Duke wing, a single floor brick patient ward with diet kitchen, bathrooms, nurses station and wheel chair standby area; with a floor space of about 6,000 sq. ft.. For some years it has been used only for dead storage of unused equipment. In the same grounds area are:

- three vacant single story brick cottages having a total of 14 rooms and 4 baths. Originally, these housed employees serving the closed B. N. Duke wing.

- laundry building, two story brick, is now being used only to a minor extent, since actual washing - ironing is done on contract with the State Department of Correction (Prison System) at a remote location.

The staff provides clinic, examination, and outpatient services both at the hospital and at other points in the State to the extent of 5,000 to 6,000 or more services per year, tending to preclude unnecessary inpatient services.

As previously indicated, the design capacity of the hospital is 140 bed patients, the average occupancy or patient census in 1969 being 99, and in March of 1970 being 84, or about 60% of design capacity. A waiting list of 65 to 70 bed patients is not unusual and is now at a level slightly higher than normal. (6/10/70)

The apparent abnormality of vacant facilities, and a substantial patient waiting list appears to relate not to potential bed space, but is more likely to have a budgetary and economic basis.

Dr. Miller's opinion is that the major cause of declining use is the increase in the number of orthopedic surgeons throughout the State.

Another reason may be found in the areas of Federal Grants, Aids and Programs; and in the field of grants by national foundations which aids in the cost to the parent to use hospitals nearer their homes.

The vacant space is so limited as to likely preclude practical usage by another State agency. Perhaps it could be utilized to advantage by some City or County administered medical type program such as a clinic, examination center, home for indigents or similar limited purpose.

Enlargement of the complex to a higher design capacity is not recommended by its Chief Medical Officer who feels that this hospital is adequate for its highly specialized purpose, and that North Carolina is well serviced in this field.

NORTH CAROLINA SANATORIUM FOR THE TREATMENT OF TUBERCULOSIS

BOARD OF DIRECTORS

(Sanatoria, Black Mountain, Wilson, McCain and Chapel Hill)

NAME	ADDRESS
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Dr. C. O. Van Gorder	Andrews

THE NORTH CAROLINA SANATORIUM SYSTEM

The System is made up of four units:

Gravely Sanatorium at Chapel Hill

North Carolina Sanatorium at McCain

Western North Carolina Sanatorium at Black Mountain

Eastern North Carolina Sanatorium at Wilson

All are directed by a single Board of Directors and a medical staff under the supervision of a medical director.

The General Administration Office is located in the Gravely Sanatorium at Chapel Hill.

The Administration, the medical staff and the business management have conducted their responsibilities so effectively that in the last 20 years the average length of stay per patient has been reduced to 1/5 the original time, or by 80%. In the same period of time, the number of admissions has increased three times, or by 300%.

The unused space represents a loss in capital investment which becomes especially significant at a time when other State agencies in related fields are trying desperately to obtain space for the functioning of their services. At the same time, the cost of land, and especially of hospital type construction is extremely expensive. As a rough example, the cost of new construction of a complete general hospital in North Carolina is in the area of $35,000 per bed, having more than doubled in the past six years.

Thus, one of the major problem areas encountered is that of finding a way of avoiding new construction costs by utilizing to the most practical extent the existing unused facilities. In so doing, certain natural complications arise. One fact is the geographical location of the facilities (the smallest of the four is the only one in the highly populated Piedmont); the other is the fact that a hospital is a self contained complex often involving even more space, and equipment costs for support facilities than for direct care of patients. Such special facilities are usually in different buildings from the patients and transfer of a part of the patients building (and parts of the support buildings) to another agency may prove to be a problem both difficult and expensive.

SANATORIA (N. C. SANATORIUM SYSTEM) ADMISSIONS - BED PATIENTS

FISCAL YEAR	WESTERN N. C.	MCCAIN	EASTERN N. C.	GRAVELY	TOTAL
1960	850 (est.)	871	815	398	2934
1961	851	877	848	372	2948
1962	826	1021	851	394	3092
*1963	853	1197	898	390	3338
1964	875	994	801	379	3049
1965	849	1226	767	359	3201
1966	883	1188	786	370	3227
1967	835	1226	775	368	3204
1968	800	1302	694	428	3224
1969	855	1362	740	422	3379
1970	950 (est.)	1412 (est.)	773	550 (est)	3685

(About 40% increase in 10 years)

*Opening county clinics

The new cases of Tuberculosis in North Carolina in 1969 were 23.1 per 100,000 population, and have diminished from 30 in 1960. Further decrease in this index to 20 or less is expected in 1975. This, however, does not preclude growth of other pulmonary maladies.

STATE TOTALS

Bed-Patient Census at Sanatoria

(Average number beds in use)

Fiscal 1970

Design Capacity	Institution	Data For	
446	Western N. C. Sanatorium	Recent Average	250
425	N. C. Sanatorium at McCain	F.Y. 1969 Average	312
502	Eastern N. C. Sanatorium	Recent Average	235
100	Gravely Sanatorium	F.Y. 1970 (est.) Average	75
1,473	*Total		872

*Varies as patients are admitted or discharged, depending on rate of recovery, etc. A 5-10% month-to-month total variation is not unusual.

Percent "vacant", or not in average use, all four - 40.% (based on above averages.)

(June 1970 data available)

THE GRAVELY SANATORIUM

The Gravely Sanatorium at Chapel Hill was built specifically for two purposes. First, the treatment of critically ill patients suffering from pulmonary diseases, and second, to serve as a part of the University of North Carolina School of Medicine in order to provide clinical experience for students in the School of Medicine and to train specialists in the treatment and care of patients who have contracted tuberculosis.

This is the key unit in the North Carolina Sanatorium System in that patients requiring unusual care and surgery are brought from all the Sanatorium system to this unit for care, treatment and surgery. A much broader field of experience is available for diagnosis from the staff of the School of Medicine than is available at the other units of the system.

It is the smallest of the four (pulmonary) sanatoria in this state. Its design capacity is for 100 bed patients and it has a current two year budget from all sources of $2,210,882, including capital improvements of $300,000. Its total personnel complement is about 90 (not including about 190 medical students, residents and interns).

USAGE

Its "census" or average daily bed patients during fiscal 1970 has been about 75 (design capacity 100). Some 470 admissions are expected to have used these bed spaces during the fiscal year. In addition the unit will have served about 672 "clinic" or out patients. With a 75% usage of design capacity it is apparent that bed patient vacancies are not significant. An average of 25 vacant spaces for 470 annual admissions (and discharges) is better than the average for the other Sanatoria.

TRENDS for the past ten years have been:

- average daily census of bed patients, slightly down
- out patients, slightly up
- medical students, considerably up

OUTLOOK

No significant change is foreseen for patient services at this primary teaching hospital unless major changes develop in increased student enrollment here or at other medical schools in the State.

PLANT SPACE

Plant space appears to be almost totally utilized with no significant vacancies. Therefore, details will not be enumerated.

General condition is excellent. Contracts have been awarded to complete the air conditioning system for the whole plant.

NORTH CAROLINA SANATORIUM AT MCCAIN

The North Carolina Sanatorium at McCain, the oldest of the State's four units, is located in Hoke County in the sandhills of North Carolina and while its location is in a very sparsely populated area, it is in the center of the Piedmont crescent and within 100 miles of at least 50% of the population of North Carolina. While this is the oldest unit of the Sanatorium System it has been kept up to date and modernized in every respect.

In the early years this Sanatorium was divided into a northern and southern division located approximately one mile apart. Due to the rapid development and improvement in knowledge, surgery, drugs and patient care, it was possible to vacate the entire southern division of this sanatorium and concentrate the patient care in the northern division.

During the Hodges administration, a prison unit for the treatment of terminal Tuberculous patients was built and is in operation as a part of this Sanatorium.

SIZE AND SERVICE

With a design capacity of 425, it had an average daily bed patient census of about 312 (73%), and annual bed patient admissions in fiscal year 1970 estimated at 1,412. It also serves over 2,700 clinic or out-patients. In all these indices the general services trend in recent years has been upward except in the "census". The latter has been greatly affected by:

a. the opening of local clinics in 1963,
b. shorter bed patient duration or stay in the hospital,
c. increasing vacant bed spaces in two other state sanatoria limiting the demand in geographical terms, and
d. the opening of Gravely Sanatorium in Chapel Hill and its growth.

PHYSICAL PLANT

It is located on a rural tract of 1939 acres, some 1,411 acres being leased to other State agencies, leaving 528 acres for use by the Sanatorium.

In addition to the patient buildings and their support units, it has 53 staff houses and 12 apartments. Two of the former and three of the latter are vacant (May, 1970). There are no dormitory type buildings for employees.

CONDITION

The general condition of the plant as a whole is good, despite the age of many of its buildings. It is reported that one of the employee apartment buildings is in such bad order that it should be razed, reducing the number of staff apartments from 12 to 8.

Air conditioning is now being installed in all of the main hospital and should be available for use in the 1971 season.

OPINION: Dr. W. J. Steinger, Medical Director, advises that the need for treatment of Tuberculosis is static, but that other respiratory diseases are steadily increasing in incidence.

EASTERN NORTH CAROLINA SANATORIUM

EASTERN NORTH CAROLINA SANATORIUM

This hospital was started about 1939 and has had several renovations and additions, the latest and largest being the seven-story "Scott" wing started about 1950. With this addition, the design capacity became 502 bed spaces and a total floor space of 29,400 square feet.

The budget from all sources for the current biennium includes $750,000 for capital improvements. The value of its buildings in 1969 (without contents) was estimated by the State Property Fire Insurance Fund to be $5,413.888.

Since that time, similar to other sanatoria and for the same reasons, it has experienced a period of at least ten years of rather consistently diminishing daily census. The current average is in the order of 235, some 47% of the design capacity. Increases in total admissions however, are noted in recent years. The land has been reduced to 56 acres.

SIZE: As a result of this declining census, its oldest patient wings, "South" and "Spruill" have been declared "surplus" by its Board of Directors. These vacant wings have a capacity of 160 beds.

The hospitals total bed patient admissions in fiscal 1970 were 773, its out-patient services at the hospital 2,332 (2,215 in 1969), and services at county clinics 2,117 (2,293 in 1969).

PERSONNEL: The sanatorium currently has a total salaried complement of 310. There is no provision for staff or employee housing on the grounds. A central heating plant serves the hospital and the Eastern North Carolina School for the Deaf. Its laundry work is done by the State Department of Correction (Prison Department). The Sanatorium operates as a fully self contained institutional complex.

Current Usage

* Administration Building and South Wing (14,700 sq. ft.) - First floor -

The Administration section includes lobby, offices for business staff director's room and waiting room. A partial basement houses hospital shop and minor storage units.

The South Wing (originally providing 28 bed-spaces on this floor) is not now equipped nor used for sanatorium patients, and is in use for:

a. dead storage of unused equipment,
b. lease to Wilson County Mental Health Department (the lease contains a 30 day notice cancellation clause)

Administration Building and South Wing (14,700 sq. ft.) - Second floor -

This has substantially the same floor plan as the first floor. The Administration Building part is used by the hospital for laboratories, X-Ray, darkroom, doctors' offices, film storage, medical records, and a bedroom for

a visiting doctor. The laboratories contain much special built in equipment. The remainder of this floor to the south, known as the "South" wing is now in partial use for occasional classes in vocational rehabilitation, such as in sewing, cooking, diet training, etc., and for dead storage. Most of it is vacant. Originally it was used for 28 bed-patients.

* Spruill Building (39,960 sq. ft.)

This was built in 1949 and abuts the north end of the Administration Building. It actually consists of two overlapping wings.

Ground (Basement) Floor - (13,320 sq. ft.)

This is in use but can be vacated. The back wing is used as dead storage.

First (Main) Floor - (13,320 sq. ft.)

The first floor was designed for 52 bed-spaces. This is vacant now except for:

1. Offices for Medical Director, H. F. Eason, M.D. and Secretary
2. Office for Superintendent of Nurses
3. Storage

Second Floor - (13,320 sq. ft.)

The second floor is similar to the first floor in plan. It was designed for 52 bed-spaces, and is now vacant except for storage.

* Service Building (48,780 sq. ft.)

Built 1950-54, the Service Building joins the back of the Administration Building and back of Scott Wing (continuous hall first floor). It contains no bed-spaces, but is the main "support" unit for sanatorium services.

Ground (Basement) Floor - (18,820 sq. ft.)

It is used for many support purposes such as storage of food (dry, refrigerated, frozen), ice, machinery, units for housekeeping, sewing, linen supply, pharmacy, canteen, soda drinks, switchboard, autopsy. It contains major wholesale supply warehouse for the sanatorium.

First (Main) Floor - (18,160 sq. ft.)

It is fully active in support. It houses the kitchen, ready storage of food (dry, meat, vegetables) preparation, bakery, carts, serving trays, staff and employees dining, etc.

* Scott Wing (112,364 sq. ft.)

This wing adjoins the Service Building back to back and consists of ground floor (basement) plus seven floors. Plans are dated 1950.

Ground (Basement) Floor - (15,048 sq. ft.)

This floor has no patients. Miscellaneous support use, includes chapel, and some storage.

First Floor - (14,440 sq. ft.)

The first floor has no bed patients but has lobby and offices. It was designed for use as Interns' Dorm, but was never so used. At one time, under crowded semi-emergency conditions, it was used by 50 bed patients in the two wings. It is not now equipped with beds. North Wing is used only for dead storage of furniture. Central area is used about as planned. Most of South Wing is being partially used by hospital patients for vocational therapy and basic educational courses. Some two or three rooms are used for inhalation therapy, otherwise it is vacant.

Floors 2 thru 7 - (13,720 sq. ft. each)

Except on the seventh floor, are in full use as bed patient areas of the sanatorium; equipped for 342 beds (as of June, 1970, being used by about 235, or approximately 69%).

COMMENT:

Both the South Wing and Spruill have been declared "surplus".

The consideration of the use of them by another related State agency would also bring up the matter of use by that agency of the Administration Building. Although this might be possible, more detailed study would be required as to how the sanatorium could operate efficiently, safely and with the same quality and patient demand as at present. Among these considerations there would apparently be, among others, - -

a. Cancellation of lease to Wilson County (assumed).
b. Transfer of labs, etc., now on 2nd floor Administration.
c. Transfer or termination of vocational rehabilitation activity in 2nd floor of South Wing.
d. Transfer of Administrative, business, clerical offices from Administration 1st to somewhere in service and/or Scott buildings.
e. Transfer of activity now in basement (front wing of Spruill).
f. Transfer of the few "top-level" offices in Spruill 1st.
g. A wholesale disposal action of a large accumulation of vintage furniture, equipment, and the like. State disposal requirements are involved.

h. Special attention in the field of the utilities supporting the Sanatorium, now operating as a self-contained complex. These would include (including emergency reserves):

1. Water supply, pressure, distribution, valves, fire reserve.
2. Electric mains and distribution for elevators, x-ray, refrigeration, stand-by generator (future cooling of Spruill and South)
3. Security door systems to separate agencies.
4. Telephone system, switchboards, ducts, conduits, cables.
5. Oxygen supply and distribution, laboratory equipment supply.
6. Safety from fire. Doors, partitions, sprinklers, alarms, internal fire escape routes.
7. Heat reserve capacity, distribution and control.
8. Garbage disposal
9. Adequate personnel and visitor parking for all agencies.

No doubt, many of these problems could be avoided simply by a leasing arrangement between the present and the new agency.

As to the space possibilities of transfer from Administration, South and Spruill, this would appear to be generally favorable. Space can be made available from the Administration section to the South and Spruill Wings.

If the above problems could be reasonably resolved, it would appear that the Sanatorium could release all the major building complex, except the Service Building, the 7-story Scott Building, and the use of the Central Heating unit.

LEGISLATIVE RESEARCH COMMISSION

Based on Resolution 853, June 30, 1969, the Legislative Research Commission suggests that the vacated space might well be used for health care, including a series of clinical units for such clinical specialties as:

Radiotherapy	Rehabilitation
Renal Dialysis	Pediatrics
Neurology	Otolaryngology

The treatment of chronic illnesses and specialty health conditions (in addition to pulmonary)

The possible use of the space as an area-wide Vocational Rehabilitation Center.

N
WESTERN NORTH CAROLINA SANATORIUM

WESTERN NORTH CAROLINA SANATORIUM AT BLACK MOUNTAIN

The Western North Carolina Sanatorium at Black Mountain is designed for 446 beds. The average occupancy as of May 1, 1970 was 233 patients, leaving a vacancy of 213 beds. These vacancies are scattered throughout the hospital but the administration advises that occupancy can readily be rearranged in order to make several wings of the hospital available for other purposes.

Requests were received from several groups, one being the Asheville Radiological Group, P. A. for use as a terminal Cancer Hospital. The only terminal care hospital in North Carolina at the present time is the Cancer Institute at Lumberton which is rarely used by the indigents from western North Carolina largely due to the distance from their homes. Dr. N. A. Thorne who presented this proposal indicated that approximately 50 beds would be required to meet the need.

Dr. Jesse P. Chapman, Jr., Surgeon, Asheville, proposed use of vacant sanatorium beds as a place for long term illnesses or a chronic disease hospital. This includes but is not limited to the care of terminal cancer patients.

In 1969, the State Property Fire Insurance Fund estimated the depreciated value of the buildings without contents at $4,298,228. This is an indication of the sale value, and a basis for measurement of interest loss on capital investment due to partial use. Replacement cost might well be over double this amount.

From the standpoint of population density, present or projected, the index of the area now served is not nearly as great as in the central Piedmont area of the State, now served by the units at McCain and Chapel Hill.

As to the transfer of patients, and termination of new admissions, the North Carolina Sanatorium at McCain in Hoke County has a design capacity of 425 beds but currently an average daily bed census of about 325, and could therefore accommodate about 75 of the current 250 at Western North Carolina Sanatorium. The others could be served either by Eastern North Carolina Sanatorium at Wilson and at Gravely in Chapel Hill.

All four State Sanatoria are currently serving about 3,576 boarding patients per year, with average daily census of about 872.

INDEX TO ADDENDUM

Declining Use

Preface

Physical facilities at institutions for the handicapped, and at sanatoria, vary greatly with the nature of the malady being confronted. A few illustrative examples follow . . . . .

Deaf children need activity, athletics, swimming, basic education, as well as library, special treatment due to hearing loss, lip reading, other means of communication. Hence, movies, swimming pools, athletic fields, gymnasia are important.

Blind children are limited in athletics, but can swim; relish music and can learn to perform; can learn manual crafts, can communicate orally. They need basic education, but without sight, must use auditory methods - braille, etc. Physical activity is dangerous until they are trained to overcome; but walking alone must be learned. Hence much special equipment, training, music, pool, verbal exchange devices.

Orthopedic children are usually bed-ridden, in wheel chairs or on crutches, in casts, or braces. Athletics, physical games are impossible. But all their senses - eyes - ears - minds - are normal, alert and hungry for use and development. Basic education progress is essential to avoid setback in normal schooling. Indoor substitutes for activity are vital - music - radio - T.V. - reading - limited games, talk. Hence, buildings have indoor ramps for wheelchairs, recreation rooms and facilities, regular teaching. Special (bone) surgery, casts, braces, etc. are a central need. X-ray and other medical-special facilities are required. But there is no need for athletic fields, gymnasia, or regular swimming pools.

Sanatoria for T. B., Emphysemia, Lung Cancer, etc. serve mainly adults. The majority are bedridden, in wheel chairs, or are semi-ambulatory. Most have completed primary education. Hence no pools, athletic fields, physical play, schooling, etc. Here the emphasis is on medical examination, treatment, nursing, quiet bedrest, good food, patience and hope. In brief, there are special hospitals, not training or teaching institutions, except Gravely Sanatorium which serves also as a part of the UNC teaching hospital.

In summary, the physical facilities needed - buildings, equipment, grounds - for students, patients, and for paid personnel may be as different from each other, as are factories, office buildings, apartments or stores. Comparisons of one type with another may reveal little in common.

Costs

Buildings, additions, renovations, grounds and facilities - although initially expensive - are necessary capital investments to permit the treatment, teaching and care of the state's unfortunates; those seriously handicapped due to no fault of their own.

But these buildingscosts are "one-time" expenditures, their values and services continuing for many decades, bringing their annual costs down to but a few percentage points of the annual operating costs. Indeed, during many years, and at many institutions, the oost of capital improvements are zero-though

these changes have a gradual but important effect on the location and size of institutions, on the use of their facilities by patients or students, on salaried personnel, on the economic need for additions, conversions, partial abandonments, on changes in equipment, on improved or cheaper devices, etc.

Purpose

Hence, continuing and periodic examination of "plant" in relation to forecast service and need is essential to attain the best balance between adequacy and economy in the years to come.

DEFINITIONS (As used herein)

Students
Enrolled in September each year as "bed and board" care children. In addition there are usually (perhaps a dozen) "Day care", local commuting students at such institutions.

Design Capacity
The resultant current accommodations following construction, additions, expansions or destruction of buildings, based on Architects "design" values.

Bed Space
The area normally designed to be used by one student or patient for sleeping as a regular "bed and board" enrollee, or patient, including space for a bedside table, halls, etc.

Equipped Bed Space
The bed space ready for patient, fully furnished, including call-bells (for patients), nurses station, nurses, orderlies, routine cleaning, floor support items, charts, records, etc. as the usage requires.

Admissions
Total admitted as bed-and-board patients during a time period (such as a month or year).

Census
Average occupancy by bed-and-board patients on a day, or average for a month or year.

Floor Space
Total floor area, regardless of use (or non-use).

Personnel
Staff, employees, or "on call" (medical) consultants, paid by the institution for services. May include all levels, from Administrator, Superintendent or Chief Surgeon to orderlies, aides, clerks, truck drivers or common laborers.

Budget
Total operating (and Capital Improvement) allocations, regardless of source, for a fiscal year (F.Y.) July 1 - June 30. (Not necessarily the same as actual expenditures.)

Custodial
Persons engaged in the normal care of students or patients, including house-parents, housekeepers; but not nurses, kitchen-dining personnel nor specialists such as clerks, lab technicians, teachers, X-ray specialists, maintenance men, groundsmen, and many other "Specialists" serving the whole institution, or large parts of it.

Support
Those units, areas or personnel not directly serving the patient or student, but necessary in serving him, e.g. kitchen, laundry, ready storage, record room, heating plant, laboratory, pharmacy, X-ray, nurses dorm, visitors waiting room, repair shop, grounds, equipment, and many others.

NAME	ACRES	DESIGN CAPACITY	ACTUAL BEDS		AVAILABLE FOR INCREASED USE	CONDITION	ADMISSION TRENDS				
			PATIENTS IN USE	(Boarding) VACANT			Fiscal Year	Adm.		Avg. Day	Out Patients
N.C. SANATORIUM McCAIN	528 (In Use)	425 (Boarding)	Beds 334	91	Children's Playgrounds. Fenced area (Prison System) 2 Athletic Fields (Softball). Laundry (Prison) Could expand service. Food service-Now Adequate but not for major expansion.	General - Good. Air-Conditioning now being installed. One apartment building old, bad repair should be razed.	1960	871		414	3168
							1962	1021		390	3775
							1964	994	(6)	369	1517
							1966	1188		253	2240
							1968	1302		335	2337
							1970	1412--(est.)--		312	
W.N.C. SANATORIUM BLACK MOUNTAIN	117	446 (Boarding) Set Up For 323	Beds 233	213	Vacant bed spaces; In Re: - design capacity 212 47% - as equipped 89 27% (1)	General - Good. Cooling only in:: Operating Room Sterile Rooms (W.U.) XRay Department " Switchboard Room "	1960			307	
							1962	826		290	
			Ward 6	6			1964	875	(6)	292	
			Room 60	40			1966	883		266	1013
			Room 8	8			1968	800		268	817
							1970	950	(est.)	251	'69 - 776
GRAVELY SANATORIUM CHAPEL HILL	5	100	Beds 75	25	None. Primary function teaching med. students. Had 141 in 1963, now(1) up to 190. Expect 250 in 1975.	Excellent. Air Conditioning soon to be enlarged to complete whole system	1960			75	605
							1962			74	542
							1964		(6)	71	669
							1966			57	581
							1968			60	544
							1970	470		75	672
E.N.C. SANATORIUM WILSON	55.7	502	Dorm 1 Average Beds 235	2 Wings Average Beds 267	Two wings vacant.	Excellent. Central Heating. Bids due 8/1/70 to air condition entire hospital except Spruill and South Wings.	1960	815		424	3181
							1962	851		424	3141
							1964	801	(6)	388	1701
							1966	786		321	1930
							1968	694		263	2414
							1970	773	(est.)	235	

FOOTNOTES:

(1) As of May 1970

(2) As of September, Each Year

(3) Expected for September 1970

(4) All "cost ratios" are simple and approximate, not being based on analysis, audit, nor actual expenditures. Conditions and situations vary, and ratios should not be directly compared. Their purpose is merely to indicate the approximate cost to the state per student, or patient, per year.

(5) Labs, Gym, pool, shops, etc. are all of special design for orthopedic children

(6) County Clinics opened 1963

NAME	ACRES	DESIGN CAPACITY	ACTUAL BEDS	AVAILABLE FOR INCREASED USE	CONDITION		ADMISSION TRENDS
		STUDENT or PATIENT (Boarding) IN USE / VACANT					
N. C. SCHOOL FOR DEAF MORGANTON	229	500 (Now over) + Const for 120 (1)	Beds 550 / Dorms 4 / Wards 4 + New Const.	0 / 0 / 0	None, except part day use of playgrounds, athletic fields and two gymnasia.	Serving beyond Design Capacity. Condition good, but need renovation 1 floor of 1 Dorm and AC in Primary School	(2) 1960 - 475 1962 - 525 1964 - 575 1966 - 516 1968 - 558 (est.) 1970 - 620	1972 - 710 1974 - 770 1976 - 830 1978 - 875 1980 - 920 2000 - 950
E.N.C. SCHOOL FOR DEAF WILSON	36	370	Beds 360	0	(3) None	Excellent. Recent, Modern Much Air Conditioned Opened 4/1/65	Fiscal 1964 - 92 1966 - 114 1968 - 155 1970 - 239 Average for School Yr.	1971 - 360 & After 360
GOVERNOR MOREHEAD SCHOOL GARNER RD.	350	343	Dorm 10	1/2	Major. In fall 1970, two complete dormitory buildings to be vacant.	Bldgs. recent. Fire resistant but need some renovation, cooling, partitions, waterboiler (note "coal" above). Grounds spacious.	(Fiscal Years-Blind Only) (Boarding)	
GOVERNOR MOREHEAD SCHOOL ASHE AVE.	80	223	Dorm 9	Some (Partly)	Only minor, in fall '70 one dormitory basement to be vacant	Buildings old and inadequate. 6 cottages very poor. No cooling Heating (Coal) cost advancing. Grounds ltd.	BOTH UNITS 1960 - 393 1962 - 406 1964 - 414 1966 - 398 1968 - 369 1970 - 362	1971 - 382(3) 1974 - 406 1978 - 433 1980 - 450 1995 - 500 2000 - 560
	566							
NORTH CAROLINA ORTHOPEDIC HOSP. GASTONIA	45	140	86	54	Vacant- B N Duke Wing 5900 Sq. Ft. 3 Employee Cottages Laundry (Partial)	Generally good. Some bldgs. old. All spaces in use are air conditioned except kitchen and dining room.	BOARDING 1960 - 211 1962 - 269 1964 - - 1966 - 262 1968 - 282 (est)-1970 - 280 (FISCAL)	CLINIC 6415 6546 No Record----- 7054 6445 6040

NORTH CAROLINA SANATORIUM SYSTEM

NORTH CAROLINA SANATORIUM, MC CAIN
WESTERN NORTH CAROLINA SANATORIUM, BLACK MOUNTAIN
EASTERN NORTH CAROLINA SANATORIUM, WILSON
GRAVELY SANATORIUM, CHAPEL HILL

WM. HAROLD GENTRY, M.D.
MEDICAL DIRECTOR

BEN H. CLARKE
ADMINISTRATOR

GENERAL ADMINISTRATION OFFICE, CHAPEL HILL, NORTH CAROLINA

July 21, 1970

Mr. Frank B. Turner
Consulting Engineer, Inc.
415 Vick Avenue
Raleigh, North Carolina 27609

Dear Mr. Turner:

Thank you for your letter of July 3, 1970, in which you pose certain questions and request information for consideration by the Commission regarding needs of the Sanatorium System for the next decade and beyond.

The inherent difficulties of forecasting future needs are materially increased by the complexity of the factors and the rapid changes affecting the pattern of service rendered by the four hospitals of the Sanatorium System. However, when the history of the past twenty years and the present trends are considered, certain observations appear to be valid at this time. The projections contained herein are based upon a consideration of this type of information.

One of your questions relates to the inpatient bed requirements for the next decade. The average length of inpatient stay in the hospital is now about 90 days, having declined from approximately 450 days 20 years ago. It is anticipated that the average length of inpatient stay will continue to decline, probably reaching a plateau of 60 days within the next biennium or by 1975. The number of admissions appears to be leveling off at about 3,500 per year.

If, however, the average stay declines to 45 days and if the admissions decline to 3,000 annually during the next biennium, there would be a need for 500 beds. This would result in an occupancy percentage of about 75%, which is the approximate average occupancy percentage of general hospitals in the United States.

Another consideration of prime importance is the distance between these available beds and the people they would serve. When one examines carefully the State Health Department map (which has been made available to the Commission) showing the place of origin of the new cases of tuberculosis in North Carolina, several things appear fairly obvious. This map has equidistant lines dividing the state into six east-west, equidistant parts. It shows that there are relatively few patients in the easternmost one-sixth of the state, and virtually the same picture exists in the westernmost two-sixths of the state. Therefore, approximately 90 per cent of the patients live in the "in-between" or "middle" three-sixths of the state.

The question was also asked as to the advisability of shifting the responsibility for inpatient care of tuberculous patients to general hospitals and gradually phase out the Sanatorium System as it now exists. This concept has some strong and vocal advocates in some states, some of which have fewer tuberculous patients than one typical, medium-size county in North Carolina and other southeastern states. Treatment of tuberculosis in general hospitals is possible and even feasible in some states, such as Utah and others in which there are few tuberculous patients; but in the "middle" three-sixths of North Carolina, general hospital treatment of tuberculous patients is not feasible, now nor in the foreseeable future, for the following reasons.

In the near future it is anticipated that one bed in the Sanatorium System will accommodate 4 or 5 patients per year, whereas in a general hospital, one bed accommodates about 35 patients per year. Therefore, a general (short-term) hospital bed accommodates about 8 times as many patients as a tuberculosis (long-term) hospital bed. At least 500 general-hospital beds would be needed to care for 3,000 tuberculous patients, if they were shifted to general hospitals in lieu of the Sanatorium System, which would be the equivalent of 17,500 additional short-term patients in the general hospitals, mostly in the "middle" three-sixths of North Carolina. These general hospitals could not absorb this additional load. In fact, most general hospitals do not now have an adequate number of beds and other facilities to meet present obligations.

A successful tuberculosis treatment program includes the coordination of the pre-hospital arrangements, inpatient hospital care, case contact investigation, chemoprophylaxis program, post-hospital drug therapy and guidance, plus the observation of each case for a minimum of five years, and in many cases surveillance for the remaining lifetime of the patients. Most of this is done under the auspices of legally constituted official agencies - the tuberculosis hospitals and health departments. In a state, where there is a large number of tuberculous patients, such as North Carolina and other southeastern states, the disruption and replacement of an effective system of tuberculosis control with many individual hospital programs would create chaos and a state of continued confusion.

Tuberculosis is a germ-caused disease spread by personal contact. Overcrowding, poor hygienic conditions, inadequate diet, and other chronic debilitating diseases are frequently predisposing and contributory factors in the development of tuberculosis. It is in these groups that it is most difficult to maintain an adequate treatment program for the necessary length of time without close supervision. It is essential that the initial phase of treatment for most patients be started in the hospital. Therefore, the hospitals of the Sanatorium System are places uniquely suited to provide isolation during the infectious stages of the disease and to provide expert medical and nursing care for those who have special medical problems encountered in establishing and maintaining an effective treatment regimen and to give the patients needed education about tuberculosis.

The non-isolated treatment of infectious tuberculosis in general hospitals may subject the hospital and its professional staff to legal complications arising from alleged transmission of disease.

The accurate diagnosis and effective treatment of tuberculosis and other chronic respiratory diseases are frequently complex problems. Most cases of tuberculosis are complicated by other serious diseases or conditions. The average general hospital, most of which have less than 100 beds, does not have the facilities nor the trained medical and paramedical personnel to carry out these functions as effectively as the well-equipped hospitals of the Sanatorium System. Frequently, the hospitals of the Sanatorium System provide consultation service for local private physicians whose patients with chronic respiratory disease needs specialized diagnostic and evaluation service not available in the local general hospital.

You asked the question about the tuberculosis case rate per 100,000 population in North Carolina. The tuberculosis case rate has shown only a slight decline in the past twelve years, now being approximately 23 new cases per 100,000 population per year. This slow decrease in the new case rate will probably continue. Hopefully, in a decade or two when the full effects of the present vigorous prophylaxis program begins to pay off, it will accelerate faster. It should be remembered that most new clinical cases of tuberculosis arise from those persons already infected with the tuberculosis germs. According to United States Public Health Service, there are probably 750,000 persons in North Carolina today who have been infected with tuberculosis germs. It took about 40 years to eliminate tuberculosis in cattle, when it was possible to slaughter all of those infected with the germs. It will take much longer in the human race because most people, especially those presently infected, would object to the "slaughter method" as a means of eliminating tuberculosis in human beings.

The revolutionary changes in the treatment of tuberculosis in the past 20 years resulting from the use of effective antituberculosis medicines has radically changed the pattern of service rendered by the Sanatorium System. A generation ago, the average patient was a young person, usually with only one disease needing treatment - tuberculosis. Today, the average patient is older and most have other serious diseases or conditions complicating their problem. Thus, current efforts center around <u>complicated diagnostic problems</u> and on an intensive and vigorous <u>treatment</u> program of relatively short duration in the hospital and a much longer time of supervised treatment at home. This latter and very lengthy aspect of treatment is carried out usually under the supervision of Sanatorium physicians in cooperation with the local health departments through regularly scheduled chest clinics. The development of these clinics during recent years has been an important aspect in the continued shortening of the inpatient hospital phase of treatment, resulting in the present excess of beds in the Sanatorium System.

Paradoxically this greatly reduced number of beds are serving three times as many patients as the larger number of beds did 20 years ago. Thus a reduction in the number of beds does not mean a reduction in the volume of service rendered. On the other hand, the multifaceted medical problems presented by the average sanatorium patient today, the increased number of available drugs, and the highly specialized tests and treatment procedures, many requiring the skilful use of sophisticated equipment, has greatly increased the amount of service required to keep a bed occupied. Therefore, a more concentrated and specialized hospital service, compressed into a shorter length of time, in fewer beds, at a fairly constant volume, characterizes the present pattern of service in the hospitals of the Sanatorium System and appear to represent a trend for the future.

Thank you very much for your invitation to share my views on this important problem.

Sincerely yours,

W. H. Gentry

W. H. Gentry, M.D.
Medical Director
N. C. Sanatorium System

WHG:lb

cc: Mr. Thomas I. Storrs
Mrs. Glenda Stroud

NORTH CAROLINA

STATE BOARD OF HEALTH

P. O. BOX 2091
RALEIGH, NORTH CAROLINA 27602

August 6, 1970

Dr. N. A. Thorne
Asheville Radiological Group
Suite 103
Doctors Building
Asheville, North Carolina 28801

Dear Dr. Thorne:

Enclosed is a copy of the information concerning the North Carolina Terminal Cancer facility in Lumberton. The several times I have visited, it has never been filled to capacity. The physicians and nurses who work in the Institute have such an excellent spirit that the atmosphere is amazingly cheerful. It seems to be a very well-run facility.

Most of the patients, however, are from near Lumberton and I do not recall having seen any from western North Carolina. It seems to me some unutilized beds could be well used in the same way. I believe the American Cancer Society and the Cancer Commission for the Governor would back you in obtaining them for this utilization.

Sincerely yours,

Isa C. Grant, M.D.

Isa C. Grant, M.D., M.P.H.
Chief, Chronic Disease Section

ICG:sm

Enclosure

cc: Mrs. Boutwell
Mrs. Stone

NORTH CAROLINA SANATORIUM SYSTEM

NORTH CAROLINA SANATORIUM, MC CAIN
WESTERN NORTH CAROLINA SANATORIUM, BLACK MOUNTAIN
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WM. HAROLD GENTRY, M.D.
MEDICAL DIRECTOR

BEN H. CLARKE
ADMINISTRATOR

GENERAL ADMINISTRATION OFFICE, CHAPEL HILL, NORTH CAROLINA

NORTH CAROLINA SANATORIUM
McCAIN, NORTH CAROLINA 28361

JOSEPH S. LENNON
ASSOCIATE ADMINISTRATOR

July 7, 1970

Mr. Frank B. Turner, P. E.
Consulting Engineer
415 Vick Avenue
Raleigh, North Carolina 27609

Dear Mr. Turner:

In response to your request for a written statement for presentation to the Commission created by the 1969 General Assembly for the purpose of studying and reporting on the operation and needs of North Carolina Schools for the Blind and Deaf, the Sanatorium System, and related institutions of declining use, I am glad to make the following statement.

As one examines the work of the North Carolina Sanatorium System over the past 20 years regarding patient census, space requirements, and changes in methods of care and treatment of patients, these salient facts become highly significant:

1. The number of patients admitted each year for the treatment of tuberculosis and tuberculosis-like respiratory diseases has increased almost 3 times since 1950.

2. The average length of stay for treatment of patients in the hospital has been dramatically reduced from about 450 days in 1950 to approximately 90 days in 1970. This means that 1 bed can accommodate 5 patients in a 450-day period, whereas it could accommodate only 1 patient during that period in 1950.

3. The average length of stay has been reduced by about 5 times and the number of patients admitted for treatment has increased approximately 3 times. Therefore, the North Carolina Sanatorium System requires fewer beds today to serve 3 times as many patients as it served 20 years ago.

4. The predominant age of our patients has changed from about 35 years to about 45 years or above. This change in the age of patients from the younger to the older means that the patients now being treated by the Sanatorium System are older and, therefore, have more diseases requiring more sophisticated diagnostic

and treatment facilities. A recent study showed that the patients are averaging more than 2½ diseases per admission.

5. Since the period of treatment has been shortened and the number of diseases to be diagnosed and treated have greatly increased, the amount of diagnostic and treatment work requires a considerably enlarged volume of medical and nursing care - as well as technical skills for the diagnostic procedures. Hospital care and treatment is a hignly personalized service and, therefore, more and more employees are required to provide the necessary services for each patient each day. Consequently, we see the need for additional personnel. Also, more than 90 per cent of the tuberculous patients in North Carolina live within 150 miles of the centrally-located units of the Sanatorium System.

In looking into the future, it appears that: (1) the North Carolina Sanatorium System will continue to treat as many, if not more, patients; (2) that the bed space requirements will continue to decrease; and (3) that the increasing complexities of the diagnosis and treatment process will require additional personnel.

Sincerely yours,

Joseph S. Lennon

Joseph S. Lennon
Associate Administrator

JSL:pfa

ASHEVILLE RADIOLOGICAL GROUP, P. A.
SUITE 103, THE DOCTORS BUILDING
ASHEVILLE, NORTH CAROLINA 28801

DR. JAMES SIDNEY RAPER
DR. R. D. GREGORY, JR.
DR. EUGENE B. SHARPE

DR. NORMAN A. THORNE
DR. ARTHUR E. DIAMOND
DR. LINCOLN L. ENGSTROM

RADIOLOGY

August 12, 1970

Mr. Frank Turner
Department of Administration
Raleigh, North Carolina

Dear Mr. Turner:

At the recent hearing by the Governor's Committee at the Western North Carolina Sanatorium in Black Mountain, the possibility of utilization of beds at the Western North Carolina Sanatorium as a Terminal Cancer Hospital for Western North Carolina was mentioned. At that time, committee members asked for additional information. Enclosed is a folder from the North Carolina Cancer Institute at Lumberton, North Carolina and a copy of the recent letter from Dr. Isa C. Grant of the North Carolina State Board of Health.

As Dr. Grant has mentioned in her letter, the Cancer Institute at Lumberton is infrequently used by the indigents in Western North Carolina, probably in large part due to the distance from their homes. Terminal beds in Western North Carolina would relieve acute medical beds in our hospitals and could be oriented to the care of the patient with terminal illness. Facilities for acute medical care, such as surgery and radiation therapy are fully available at Memorial Mission Hospital in Asheville.

Sincerely,

Norman A. Thorne

N. A. THORNE, M.D.

NAT:e

Enclosure

CC: Dr. C. D. Thomas
W.N.C. Sanatorium, Black Mountain, N.C.

Dr. J.F.B. Camblos
108 Doctors Bldg., Asheville, N. C.

Mr. Stanley Bornamann
Memorial Mission Hospital, Asheville, N. C.

INFORMATION AND RECOMMENDATIONS TO BE CONSIDERED FOR UTILIZATION OF UNUSED MEDICAL FACILITIES AT EASTERN NORTH CAROLINA SANATORIUM

SUBMITTED TO

COMMITTEE ON HEALTH RESOLUTIONS
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH, NORTH CAROLINA

BY

CENTRAL COASTAL PLAIN HEALTH PLANNING COUNCIL
WILSON, NORTH CAROLINA

James W. Monroe
Executive Director

FEBRUARY 27, 1970

During the past two (2) years, representatives from various health agencies, political bodies, and educational institutions have held informal and formal meetings to discuss health needs of the area and to assess the potential utilization of the unused medical facilities at Eastern North Carolina Sanatorium.

The Central Coastal Plain Health Planning Council has been most interested in these medical facilities since being invited to make recommendations for their use by the Sanatorium System Board of Trustee in February, 1968. A report and recommendations were made in October, 1968. (Exhibit I).

There is presently space for one hundred sixty (160) hospital beds that is unoccupied. This space is being maintained as a part of the routine housekeeping and maintenance program of the hospital. The space for sixty (60) of these beds are of the solarium type treatment, with two (2) rooms opening on a solarium porch. The balance of the space will lend itself to modern, acute care hospital care procedure with little alteration.

Such unused space is a concern of our taxpayers since a new bed costs approximately $30,000 to build and $10,000 - $13,000 a year to operate. An empty bed, or an idle facility represents the worst kind of medical economics, particularly at this time of new and increased taxes.

This institution we are discussing furnishes categorical disease care (TB and chest-related illness) for thirty-two (32) counties in eastern North Carolina. An area of 14,675 square miles with an estimated population of 1,014,524, or more than 20 percent of the population of the state. (See Map I).

It is located in the City of Wilson on a campus of fifty (50) plus acres. Has the Wilson County Technical Institute and the North Carolina School for the Deaf in immediate proximity. (See Map II).

It is most readily accessible to all parts of the area served, being located at the junction of two (2) four-lane highways, U.S. 301, the most heavily traveled North-South Highway in the state and U.S. 264, as well as N.C. State Highways 58 and 42. (See Map III). There are two (2) airports: Wilson Municipal Airport just six (6) miles from the Sanatorium for private and chartered flights and Wilson-Rocky Mount Airport for commercial flights.

If I may paraphrase a statement of Dr. John R. Chambliss in his report to The Association for North Carolina Regional Medical Program from the Regional Study Group, Area VI, "If North Carolina is a "have-not" state, this is a "have-not" area of North Carolina.

In almost every social, economic, and medical area it ranks at or next to the bottom. It would be considered a semi-rural area, but its productive farmland is declining. The continued out-migration is leaving an older population with its conglomeration of chronic ills. It ranks among the highest in percentage of non-white in the total population. It has more then its share of families with annual incomes below $3,000, and these families as a group must exist with less welfare support than their counterparts in more metropolitan areas of the state. It has a larger percentage of its population being adults at age twenty-five (25) with less than six (6) years of education than any other area. It shares too heavily in the mortality rate from categorical diseases distributed throughout the state.

Through the advances of modern medicine, many of the diseases that were once the great killers of humanity have been brought under control as indicated by the rarely reported cases of smallpox, diphtheria, polio,

and typhoid fever. But - we are faced with the problems of the long-term chronic illness that requires a long period of supervision, observation, and care, such as diabetes, kidney disease, cancer, cystic fibrosis, heart disease, stroke, etc. The area served by the Sanatorium has the highest death rate from stroke in the nation.

From the standpoint of its medical manpower, ancillary help, and facilities it also ranks lowest or next to lowest in the state. In an area with more than 20 percent of the state's total population, it has slightly more than 13 percent of the total active physicians. Distribution of these physicians is very uneven, although some areas have a high physician-to-population ratio approaching the average for the state. There are six (6) of the nine (9) counties in the state with the highest ratio of population for physician; six (6) of the seven (7) one physician counties in the state is located here. Eleven (11) of the state's eighteen (18) counties in which all active physicians are engaged only in general practice is also in this area. This area has more general practitioners than medical specialists, and among the medical specialists only slightly more than half are "Board Certified", the lowest in the state. When one eliminates the commonest specialist; internal medicine, general surgery, pediatrics, and obstetrics there is little left.

There is a favorable ratio of population for registered nurse, 534 to 1. The ratio of population to LPS's (1151 to 1) is more favorable than other areas but below the state average of (929 to 1).

With the planned and under construction beds, numbering more than 1,500, the region will be most fortunate in the area of acute care hospital beds if all that are under construction and planned for construction are implemented.

When one looks at the rather depressing statistical data, it is rather easy to define the needs of the area. They are: more physicians as a whole, more specialists, and sub-specialists that are not available in our area at the present, more sophisticated hospital care, and more ancillary medical personnel. Obtaining these goals, however, is extremely difficult and will require many years of programmed development; some of them are probably impossible.

To start reaching the goals of more medical manpower, it becomes necessary to develop the factors that determine the location of physicians in North Carolina. These are: the presence of other physicians, good hospitals, educational and recreational advantages, higher purchasing power, and where the doctor's college graduate wife chooses to live. Although social, cultural, educational, and economic changes are taking place here, these changes are occurring at an almost immeasurably slow pace and cannot be influenced by the committee. One can, however, hope to make the area more attractive to physicians by improving the medical environment.

One method to improve the medical environment is to capitalize all of our assets to their fullest extent. To change resource allocations to meet priorities established. An attempt at doing this is started here today in trying to find, in your judgment, the best use for these unused medical facilities.

What we also need to consider is "can chronic disease be looked at in the same light as TB or mental illness as a public problem?"

We believe it should be, for it goes beyond the capacity of the individual to supply resources to meet their own needs.

Without proper care, many people are destined to become a great deal more incapacitated, but with proper care might be rehabilitated. It would

be for the public good if more people could receive better care for their chronic illnesses, to a point that they would have minimal disability on the one hand, and so far as disability did occur, could be rehabilitated to function as ably as their abilities would permit on the other.

At the present time, the chronically ill patient is being cared for in an acute care general hospital, occupying a short-term-care hospital bed for much longer than the normal length of stay that was intended for this bed. After much sophisticated and skilled care, he then is released to go home to deteriorate to an acute condition and again be admitted for a repeat of the sophisticated and skilled care. (See News Clip I).

To summarize, the area finds itself in need of an intermediate type of facility, a place where patients can be cared for somewhat less intensively and for somewhat longer periods of time than we think of being provided in an acute hospital setting but more sophisticated than that offered in an extended care facility or nursing home. One that can deal with health problems that must be dealt with to maintain a certain level of function or seek improvement in the function instead of going sharply down hill. This would necessarily include physical care, psychological adjustment, social rehabilitation, patient education, and replacement back into the community. Such a program could best be developed tangential to and in cooperation with the planning now being done by the State Advisory Committee on Rehabilitation Facilities.

When we consider provision of rehabilitative and therapeutic services combined, it is important to be able to plug into a system of supply where one can help prepare the special kind of health manpower that will be needed. There is a great interest among those of the health education field to be included in such an enterprise.

Such clinical facilities can also be of resource benefit to the two (2) year medical school now under consideration at Eastern Carolina University, the new degree school of nursing to open in September, 1970 at Atlantic Christian College, as well as the health education programs at Wilson County Technical Institute and other institutions throughout the area.

All of which leads up to the following:

Since there is a lack of adequate facilities to properly meet the needs now and in the foreseeable future for patients with chronic diseases which are remediable and with which patients can live a successful and productive life, provided they are given the appropriate medical rehabilitative management, it is recommended that:

1. An adequate and comprehansive program be developed to include the treatment of chronic illnesses and specialty health conditions at Eastern North Carolina Sanatorium in addition to the present treatment of a categorical disease.
2. In developing this program, affiliate relationships be developed with one or more of the universities in conjunction with the community college system to ease the professional manpower shortage and to teach medical and para-medical personnel in the management of chronic illness.

Implementation of these recommendations is a logical way to develop medical school affiliations with community hospitals and thus extend the medical schools into community medical care. To use these facilities in this manner is the one way and most economical way to meet several of the recommendations of your own counterpart committee on "The Physician Shortage in Rural North Carolina".

In closing, I would like to invite the committee to visit Wilson, make an on-site inspection of these facilities, and meet with the health professionals and educational groups who have the health interest of eastern North Carolina at heart. These are the people who sent me here today.

TO: The School Study Council on The Governor Morehead School
Garner Road Unit

After twenty-six years of experience as Principal of this school, and having witnessed the growth of the physical plant and development of grounds, I submit the following opinions and views on the future use of this site.

This unit is located South of Raleigh on the Old Garner Road approximately three miles from the Capitol. There are about 350 acres of land with a large percent of frontage on the highway.

In the late 40's and early 50's under the guidance of Mr. Egbert N. Peeler, former Superintendent, a heavily populated student body created the following needs:

Moses Williams Cottage for Boys	1950
William J. Young Cottage for Girls	1950
Principal's Cottage	1952
Auditorium and Blind Annex	1957
Gymnasium	1957
Renovated 4 old Dormitories	1957
Joel Jackson Cottage for Boys	1959
Vocational Building	1960
Printing, Shoe Repair, Beauty Culture, Home Ec. Depts.	
Renovated Council Dining Hall	1960
Primary Deaf Unit	1964
8 Classrooms, 1 office, 1 work-room, 1 health room, 1 testing room and a small auditorium	
3 dormitories - house 60 children	
1 dining room - feed 90	
Renovated Administration Building	1969
New Lighting	
New Floors	
New Bathrooms	
New Library Facilities	

With these practically new facilities; with plenty of room for expansion; with the modern trend of residential schools to locate in the suburbs, it is my candid opinion that this site should be kept and developed

for The Governor Morehead School to serve the visually handicapped and blind students in the future.

With our present modern facilities this site could be developed at "my" estimate of about one fourth the cost of a new plant to our great state when tax money is at a premium.

The distance from the city does not present as great a problem as given in a previous report of the two sites. Remember, this state property joins the Raleigh city limits and even bus service may be had after a few consultations by the proper authorities; with the completion of the Belt line around Raleigh and with the town of Garner spreading toward the city, shopping centers in all probability will be more plentiful and access to our campus will be greatly improved.

Respectfully submitted,

M. H. Crockett

MHC/hja

WHEREAS, the Governor Morehead School is the oldest State operated school for the blind in the United States; and

WHEREAS, ninety-seven per cent of the graduates of the Governor Morehead School are self-supporting; and

WHEREAS, the education and training of the blind consists not only of the usual school subjects and a trade, but also the art of sightless living in an otherwise seeing world; and

WHEREAS, it is imperative that blind students be taught to independently attend school, go to the grocery store, visit the drug store, board buses, cross streets, go to work, and otherwise live and move in a complex society; and

WHEREAS, such training is necessary for the blind, not only from a psychological but also from a practical point of view; and

WHEREAS, the location of the Ashe Avenue division of the Governor Morehead School near the center of downtown Raleigh offers the best opportunity for blind students to learn these qualifications for living as blind people; and

WHEREAS, the Board of Directors of the Governor Morehead School -- recognizing the points set out above in these premises -- began a long range program in the late sixties to consider the consolidation of the Garner Road Campus with the Ashe Avenue Campus; and

WHEREAS, the architectural firm of F. Carter Williams in Raleigh was employed by this Board of Directors to conduct an independent study of the two campuses and recommend which would best serve the needs of the blind if the two campuses were merged; and

WHEREAS, the said F. Carter Williams, Architect, submitted a report which is asked to be made a part of this record and resolution which substantiated the position of the Board of Directors that the Ashe Avenue site support the greater higher ratings for teacher stations at this site and the adequacy of land for possible expansion; and

WHEREAS, on June 14, 1968, a budget was established to study long range planning at the Ashe Avenue Campus, and funds for Capital Outlay at the Garner Road School were limited thereafter to the preservation of existing assets and necessary operation; and

WHEREAS, the Board of Directors in 1968 began long range requests to the legislature for development of the Ashe Avenue Campus; and

WHEREAS, all planning and Capital Outlay for the past three years have been directed toward a single campus concept at Ashe Avenue site; and

WHEREAS, this Board of Directors desires to reaffirm the actions taken by previous Boards of Directors in directing the development of a single campus concept at the Ashe Avenue site;

NOW, THEREFORE, BE IT RESOLVED:

1. That the acts and deeds of prior Boards of Directors of the Governor Morehead School directed toward the establishment of a single campus at the Ashe Avenue site be reaffirmed;

2. That this Board go on record as renewing its position in favoring the development of the Ashe Avenue site as the Campus of the Future for the Governor Morehead School.

****

I certify that the foregoing is a true and exact copy of a resolution adopted by the Board of Directors of The Governor Morehead School on August 7, 1970, and the same has not been altered, amended or rescinded.

This the 7th day of August, 1970.

Samuel J. Cole

Secretary to Board of Directors

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State Department of Correction
Raleigh, North Carolina 27603

ROBERT W. SCOTT
GOVERNOR
V. L. BOUNDS
COMMISSIONER

September 28, 1970

Mr. Thomas I. Storrs, Chairman
Study Commission on Schools for the Blind
and Deaf, Sanatorium System and Related
Institutions of Declining Use
North Carolina National Bank
Charlotte, North Carolina

Dear Mr. Storrs:

The State Department of Correction would be interested in pursuing the possibility of acquiring the Ashe Avenue campus of the Governor Morehead School for the Blind if that property should be made available to another State agency. We were unable to prepare a request in time for the public hearing on this subject and, therefore, you and your Commission may be unaware of facts concerning our needs, which you would doubtless wish to consider in your deliberations on this subject.

Our Department is developing plans for converting our century-old Central Prison into a diagnostic and special treatment center for those prisoners most in need of professional attention. Some of these require the security of a walled institution with the maximum degree of custody we can command. Others can be held in medium custody facilities and some can be treated most appropriately in facilities with no more security than exists today in the Ashe Avenue campus of the Governor Morehead School. We need a variety of facilities close together so that we can take maximum advantage of a professional staff we could not hope to duplicate.

You probably know that a common line runs between our Central Prison property and the Ashe Avenue campus of the Governor Morehead School. You may not know that we have built a guard tower and erected a security fence on that Blind School's property. There is at least a need to consider transferring some of the School property to the Department of Correction to accord with encroachments already effected. We believe we can present a good case for conveying the complete campus to us, if your Commission should decide to recommend that it should be made available to another State agency.

I hope that a way can be found for determining the merits of our request relative to any other proposed use of this property.

Sincerely,

V. L. Bounds

VLB/cbg

cc: Mr. J. C. Cowan, Jr.
Hon. Edgar J. Gurganus
John L. McCain, M. D.
Mr. Frank B. Turner

STATEMENT ON THE PROPOSED ACQUISITION OF THE GOVERNOR MOREHEAD SCHOOL BY NORTH CAROLINA STATE UNIVERSITY TO THE LEGISLATIVE STUDY COMMITTEE AT ITS HEARING IN RALEIGH ON AUGUST 7, 1970.

Mr. Chairman and members of the Study Commission:

On behalf of Chancellor John T. Caldwell and our Provost, Dr. Harry C. Kelly, both of whom are necessarily absent from Raleigh today, I am pleased to accept the Commission's invitation and to express North Carolina State University's interest in the Governor Morehead School on Ashe Avenue.

Upon the invitation of Mr. Frank B. Turner, Consultant to the Commission, we are grateful for the opportunity of submitting a brief proposal to you. The University has a great interest in acquiring this property when it becomes available. This property would, if it is conveyed to the University, help solve one of the University's most critical needs --- that of land acquisition.

Our staff members have looked at and evaluated Morehead School in terms of its potential to the University, and we are impressed with the lay-out, the buildings and the campus-like atmosphere.

These facilities would accommodate a wide range of the University's teaching, research, and public service functions such as extension work in urban affairs. Our enrollment is steadily increasing and is projected to reach 17,157 by 1980. This represents an increase of approximately 5,000 students more than the fall semester enrollment this year --- or a 40 percent increase in this decade. We are, therefore, in urgent need of land and facilities such as those of the Governor Morehead School.

With the Commission's consent, I would like to cite the following justifications for North Carolina State University's acquisition of this property:

1) As I have already indicated, the University urgently needs additional land area in proximity to our main campus.
2) Ten-year projections of building area requirements indicate a need totaling approximately 4.5 million square feet of new space.
3) The land would serve ideally as a closely related campus which could house new comprehensive programs such as institutes or research centers.
4) The property is closely related to our main campus being less than 2,000 feet away and separated only by public park land.
5) The University could use, on an interim basis, the existing 217,000 square feet of building space to replace 22,000 square feet which it is currently renting in the City of Raleigh.

Upon Chancellor Caldwell's return to the campus next month, we would like to have the opportunity --- if further developments indicate this to be appropriate --- to present a detailed proposal on the University's utilization of the facility. In the meantime, we earnestly hope that you will consider our request to acquire this highly valuable property for the further growth and advancement of North Carolina State University.

Thank you very much for your courteous and thoughtful attention.

Sanatoria (For Respiratory Diseases)

The State owns and operates four (pulmonary) sanatoria. Three of them are now some 30 to 35 years old, having been designed and built primarily to treat and care for victims of tuberculosis. At that time, patients stay was measured in years, and accordingly, hospital construction was planned to provide anticipated needs on the basis of long term occupancy.

The average patient stay in recent years has come to be measured in months instead of years, mainly due to early detection, and to significant advances in medical techniques, drugs, and surgery. As a result, several of these sanatoria have large areas of unused space, not only in terms of bed-spaces, but also in all of the support functions necessary, such as kitchens, laundries, nurse housing and the like. This unused space represents a valuable asset which becomes especially significant at a time when other State agencies in related fields are trying desperately to obtain space for the functioning of their services. As a rough example, the cost of new construction of a complete general hospital in North Carolina is in the order of $35,000 per bed, having more than doubled in the past six years.

Thus, one of the major problem areas encountered is that of finding a way to avoid new construction costs, by utilizing - to the most practical extent - the existing unused facilities. In so doing, certain natural complications arise, not only in the geographical location of the facilities but with the fact that a hospital is a self contained complex often involving even more space, and equipment cost for support facilities than for direct care of patients. Such special facilities are usually in different buildings from the patients, and transfer of a part of the patients building and parts of the support buildings to another agency may prove to be a problem both difficult and expensive.

Western North Carolina Sanatorium at Black Mountain, North Carolina was originally started in 1935, and has grown into a complex having a design capacity of 446 bed patients. For the reasons stated above, it has experienced a reduction in duration of patient stay, its average daily occupancy or census having declined to about 250, or about 56% of its design capacity, such a percentage has been prevalent for four or five years.

Projections for 1980 are but a few percentage points above the 1970 level of demand, with the 1990 forecast but little higher than for 1970. Other Sanatoria in North Carolina are experiencing declining use.

The significant fact is that, with the existing plant being used at only about 56% of its designed capacity, with low growth potential, at a time when prime floor space is in high demand for use by other health-care agencies, it would be logical to make every reasonable effort to (1) utilize the available unused space for some other necessary purpose, or (2) phase out the entire plant by a gradual transfer of patient accommodation to other State Sanatoria where space is - or may easily be made - available, thus releasing the whole plant for some related purpose or for other disposition.

In 1969, the State Property Fire Insurance Fund estimated the depreciated value of the buildings without contents at $4,298.228. This is an indication of the value, and a basis for measurement of loss on capital investment due to partial use. Replacement cost might well be over double this amount now.

Perhaps the major objection to the latter plan is in terms of geography, in that the western part of the State (perhaps a sixth of the area and a tenth of the population of the State) would be rather remote from a State Sanatorium. A study in 1968 showed that only 6-1/2% of active new T.B. cases occurred in the western area, i.e. west of a North-South line drawn through Ashe County (N. C. Sanatorium System).

Eastern North Carolina Sanatorium, in the north suburb of Wilson, North Carolina is another of the hospitals of the North Carolina Sanatorium System. Originally started about 1941, it has had several renovations and additions, the latest and largest being the seven-story "Scott" wing started about 1950. With this massive building, the design capacity became 502 patient bed-spaces and the total floor space 29,400 in the hospital.

The value of its buildings in 1969 (without contents) was estimated by the State Property Fire Insurance Fund to be $5,413,888; higher than either of the other three State Sanatoria.

Since that time, similar to other sanatoria and for the same reasons, it has experienced a period of at least ten years of rather consistantly diminished daily census until the current average is in the order of 235, some 47% of the design capacity. Increases in total admissions per year, however, are noted in recent years.

Size: As a result of this declining census, its oldest patient wings, "South" and "Spruill" have been declared "surplus" by its Board of Directors. At the present time (June 1967) all its bed patients are quartered in Scott, this being equipped (ready for use) for 342 beds, a reduction of 160 below the Sanatorium's total design capacity. Current plans are under way to air condition the whole hospital, except for South and Spruill.

The hospitals total bed-patient admissions in fiscal 1970 were 773, its out-patient services at the hospital 2,332 (2,215 in 1969), and services at county clinics 2,117 (2,293 in 1969).

A central heating plant serves the hospital and other nearby State owned institutions. Its laundry work is done by the State Department of Correction (Prison Department). The Sanatorium operates as a fully self-contained institutional complex.

Legislative Research Commission

Based on Resolution 853, June 30, 1969, the Legislative Research Commission Sub Committee on Health suggests that the vacated space might well be used for health care, including a series of clinical units for such clinical specialties as:

Radiotherapy	Rehabilitation
Neurology	Otolaryngology
Renal Dialysis	Pediatrics

The treatment of chronic illnesses and specialty health conditions (in addition to pulmonary).
An area-wide Vocational Rehabilitation Center

Until the definite intended use-purposes are delineated in considerable detail, it would be futile to project a detailed intra-mural transfer and revision of facilities, including support mechanisms, utilities and grounds of the Sanatorium.

North Carolina Sanatorium, the largest and oldest of the State's four units in the North Carolina Sanatorium System, is located at McCain in Hoke County on N. C. 211 between Raeford and Aberdeen.

Size and Service

With a design capacity of 425, it had an average daily bed-patient census (occupancy) of about 312 (73%), and an annual bed-patient admissions in fiscal year 1970 estimated at 1,412. It also serves over 2,700 clinic or out-patients. In all these indices, the general service trend in recent years has been upward except in the "census". The latter has been greatly affected by:

a. the opening of local clinics in 1963,
b. shorter bed patient duration or stay in the hospital,
c. increasing vacant bed spaces in two other State Sanatoria, limiting the demand in geographical terms, and
d. the opening of Gravely Sanatorium in Chapel Hill, and its growth.

Physical Plant

It is located on a rural tract of 1939 acres, some 1,411 acres being leased to other State agencies, leaving 528 acres for use by the Sanatorium.

In addition to the patient buildings and their support units, it has 53 staff houses and 12 apartments. Two of the former and three of the latter are vacant (May, 1970).

Condition

The general condition of the plant as a whole is good, despite the age of many of its buildings. It is reported that one of the apartment buildings is in such bad order that it should be razed, reducing the number of staff apartments from 12 to 8.

Air conditioning is now being installed in all of the main hospital, and should be available for use in the 1971 season.

Vacancies

These are minor in relation to the large size of the Sanatorium. With a design capacity of 425 "bed and board" patients, some 334 beds are equipped (78-1/2%) to serve the current normal census of about 312.

As compared to the 425 design capacity, it appears that its level of service could be materially increased, with enlarged staff, food service, and general operating budget, thereby materially reducing its 91 vacancies in "design" bed-spaces. In that case, some minor renovations or new construction might also prove to be necessary. Its future service level is related to decisions regarding other State Sanatoria.

OPINION: Dr. W. J. Steinger, Medical Director, advises that the need for treatment of Tuberculosis is static, but that other respiratory diseases are steadily increasing in incidence.

CONSTRUCTION COSTS

(General Hospitals in North Carolina; complete with all supporting facilities)*

1969 - Per Square Feet

	All New	Additions
Construction only	$34.25	$37.92
Whole project	$39.30	$46.88
Whole project per bed	$32,857.00	$69,349.00**

In 1970 Construction cost is up from $34.25 per sq. ft. in 1969 to $37.11 in 1970 (About 8%)

From 1964 to 1970 - Increase in Cost

- up 60% per square foot
- up 55% basis of total cost

* From North Carolina Medical Care Commission, 6/18/70

**Recommends against additions, prefer separate buildings